



2010 Annual Review of Agency

TREATMENT EFFECTIVENESS

T E X A S Y O U T H C O M M I S S I O N

IDENTIFY needs.

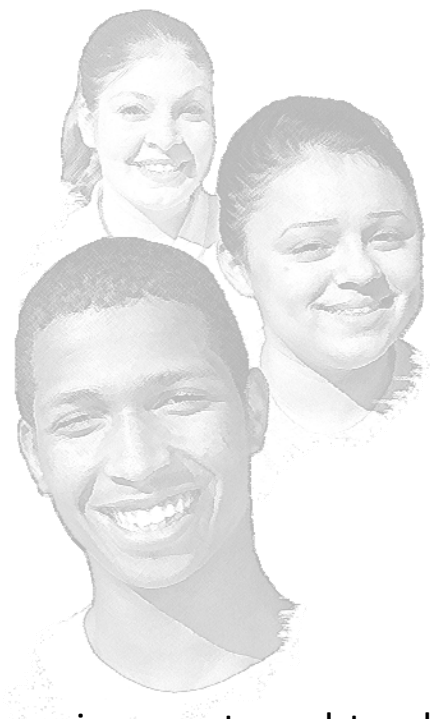
TARGET treatment.

BUILD healthy youth.

Cheryl K. Townsend
TYC Executive Director

Report Completed December 31, 2010





“The roots of the juvenile justice system in Texas go back to the middle of the 19th century.... The idea...was that children who are in danger of maturing into adult criminals should be rescued - not by imposing on them the disabilities that result from criminal conviction, but by placing them in protective environments and teaching them about discipline, morality, values and productive work. This fundamental idea that adjudication for delinquent conduct is not conviction of a crime is preserved today in the current Texas laws regarding juvenile justice.”

- *From “A Brief History of the Texas Youth Commission”
The TYC website*

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EXECUTIVE SUMMARY

The Texas Human Resources Code, Section 61.0315(a), requires the Texas Youth Commission (TYC) to review annually the effectiveness of its programs for the rehabilitation and reestablishment in society of youth committed to TYC. This report is required to address programs for sex offenders, capital and serious violent offenders, chemically dependent youth, youth with mental health needs, and female youth. The agency reports on the effectiveness of these programs to the Legislative Budget Board by December 31st of each year.

As a result of significant agency reforms started in FY 2007, TYC has developed a new rehabilitation strategy called CoNEXTions[®]. The agency has significantly modified its specialized treatment programs to reflect current best and promising practices in dealing effectively with juvenile offenders. The key to CoNEXTions[®] is a Risk - Need - Responsivity model. Effective interventions address multiple risk factors that include general rehabilitation, specialized treatment, educational, vocational, familial, and community re-entry programs. Each of these areas is discussed in the report.

TYC continues to monitor treatment effectiveness by tracking three types of recidivism rates among juvenile offenders released from TYC: re-arrest, re-arrest for violent offense, and reincarceration. Accurate interpretations of the impacts of agency activities on these measures require comparisons for three distinct time periods in the agency's recent transition in treatment programming:

- **Pre-reform Period**, using *Resocialization* (March 2007 and previous)
- **Reform Period**, using *Transitional Treatment* (March 2007 to February 2009)
- **Post Reform Period**, using *CoNEXTions*[®] (February 2009 and after)

Breaking out these time periods allows for comparison of youth who were treated under the former system, youth treated while the new system was under development and in transition, and youth treated in the new system. Separate analysis of the group of youth treated only under the CoNEXTions[®] system is important for determining whether the agency is on the right track with newly implemented programming.

This report also describes the use of process evaluations and intermediate treatment measures as a means to assess the quality and fidelity of new and revised treatment programs. While recidivism remains one of the best available measures of treatment effectiveness, it does have limitations. Many of the new or revised programs offered by TYC have not been in effect long enough for solid recidivism data to accumulate. Another limitation is that many factors, such as economic, familial, and the social environment, influence youth behavior once released to the community.

The intermediate treatment measures discussed in this report address how youth change as they move through the general and specialized treatment programs. An objective assessment tool, the Positive Achievement Change Tool (PACT), has been used to measure the criminogenic

risk and protective factors for youth upon admission to TYC, during treatment, and after treatment to identify changes in these factors over the course of their stay. Reduced risk and increased protective factors are associated with improved outcomes. Additional intermediate assessments were used in the Alcohol and Other Drug (AOD) and Sexual Behavior Treatment Programs (SBTP).

Major findings

- Data indicate that the CoNEXTions[®] strategy is consistently moving youth in the right direction. When comparing youth treated during the three treatment periods, the data show that youth starting treatment under CoNEXTions[®] did better than youth treated under the reform period on every general measure of recidivism noted. The differences did not reach statistical significance due to small sample sizes.
- Youth in the reform group had higher recidivism rates than either the pre-reform group or CoNEXTions[®] group on each of the three indices.
- The CoNEXTions[®] strategy is not yet implemented with complete fidelity to the program's design; however, data show that the CoNEXTions[®] group is doing as well on recidivism measures as the pre-reform group, even with the significant changes in youth population.
- Changes in youth population characteristics suggest that lower risk youth are being diverted from commitment to TYC, consistent with legislative intent. Diversion programs have resulted in a higher risk population of youth in TYC.
- Intermediate treatment measures show that youth are reducing risk factors and enhancing protective factors while participating in TYC's treatment programs. These data suggest that programs are effective in reducing a youth's likelihood to reoffend as measured on the instruments used.
- Youth who successfully completed a high intensity Mental Health Treatment Program (MHTP) demonstrated a significant reduction in risk for re-arrest (39%) and reincarceration (89%) after statistically controlling for the types of youth served. The difference for re-arrest for a violent offense was not statistically different, though in the direction of lowered recidivism rates.
- Youth who completed the high intensity SBTP demonstrated significant reductions in risk for re-arrest (50%) after statistically controlling for the types of youth served. Differences between re-arrest for a violent offense and reincarceration were not statistically different, though both were in the direction of lowered recidivism rates.
- Youth who completed the Capital and Serious Violent Offender Treatment Program (C&SVOTP) were 74% less likely to be re-arrested. Differences between re-arrest for a violent offense and reincarceration were not statistically different, though both were in the direction of lowered recidivism rates.



The specialized treatment moderate intensity programs were subject to their first review during this year. Most of these programs are new, beginning in September 2009 or after, and have graduated only a few youth to parole and community placement. As such, the cohort of youth in these programs were generally too small to generate statistically significant data but, as noted above, most trends are positive and the intermediate measures demonstrate change in the correct direction. The success of these programs will enhance the ability of the agency to provide efficient and effective services in the most cost effective manner. Youth appropriately placed in moderate programs can experience the same positive treatment effect in a shorter period of time.

The early results from the newly instituted programs suggest that TYC has developed programs which effectively treat youth and promote positive youth outcomes both from the perspective of intermediate treatment measures and from actual changes in recidivism numbers. Although there is room for improvement in these areas, both the intensive and moderate programs have demonstrated changes in the desired direction in terms of re-arrest and reincarceration.

During the fiscal year Educational, Re-entry and Medical services were active in developing and implementing programs that contribute to effective rehabilitation of the whole child. It is expected that the benefits from these changes will be more fully realized in the next year.

One area of emphasis for the upcoming year is to expand TYC's continuity of care and re-entry services to ensure that the changes youth make in a safe and structured setting are not lost once the youth is released into the community. Expanding the availability and range of services to youth in halfway houses and on parole should result in more successful community placements and reductions in recidivism.

INTRODUCTION

The mission of the Texas Youth Commission (TYC) is to promote public safety by operating juvenile correctional facilities and by partnering with youth, families, and communities to provide a safe and secure environment. Youth in the agency's care and custody receive comprehensive individualized services to address risk and protective factors associated with ongoing criminal behavior. These services include not only treatment programs, but also education, vocational training, medical care, rehabilitative services, re-entry planning, and community reintegration. In support of this mission, Texas Human Resources Code, Section 61.0315(a), mandates that TYC:

...shall annually review the effectiveness of the commission's programs for the rehabilitation and *reestablishment in society* of children committed to the commission, including programs for sex offenders, capital offenders, children who are chemically dependent, emotionally disturbed children, and females.

This report reviews the effectiveness of TYC's specialized treatment programs, and also reviews the programs and services necessary for successful community re-entry. The agency umbrella for providing these programs and services is called CoNEXTions[®]. This strategy addresses treating the "whole child". TYC acknowledges that each youth requires individualized attention and intervention for a broad spectrum of needs, and is mindful that successful youth outcomes depend not only on participation in specialized treatment programming, but also on educational and vocational achievements, good health and hygiene, life skills, thoughtful planning for transition, and continued care and involvement with the youth and family once released. As a result, the FY 10 annual review will be the first to include outcome data related to educational, medical, general rehabilitation, specialized treatment, re-entry, and parole services. A significant addition to this report is a review of new and revised programs and the introduction of intermediate treatment effectiveness measures. These measures are critical for assessing the successful implementation of new programs and ensuring that the program goals impact outcome measures such as recidivism.

Many of the new programs are based on successful models used elsewhere in the country, and their successful implementation is dependent on adherence to the original program design. The process evaluations and intermediate measures reviewed in this report are critical to ensuring fidelity to the program model. It is expected that successfully meeting intermediate measures and outcomes will translate into improved recidivism rates in the future. The CoNEXTions[®] programs described in this review have been in operation since February 2009; therefore, these measures have not yet reached optimal levels of operation.

Because of legislated changes in the treatment programs in TYC over the last three years, there has not been a single treatment or rehabilitation program continuously in operation for an extended period of time. This situation has made interpretation of recidivism data more complicated. The intent of this report is to evaluate the effectiveness of the current treatment



programs. It was necessary to present data in this area that reviews recidivism under the Resocialization Model (original treatment model), the Transitional Treatment Program (interim model), and the CoNEXTions[®] model (current treatment strategy). At this point in time, there has not been a significant number of youth released into the community who began and ended their treatment in TYC under the CoNEXTions[®] model. While the data thus far appears promising, the maximum benefits of the impact on recidivism are yet to be fully realized. The use of intermediate measures can ensure that by offering treatment consistent with other successful programs TYC is implementing the appropriate programs and can better impact recidivism. Recidivism data are presented to demonstrate changes in treatment outcomes comparing youth released under two periods of reform, the Transitional Treatment Program (March 2007 through January 2009) and CoNEXTions[®] (February 2009 and after), with a pre-reform control group who received Resocialization (February 2007 and prior).

OVERVIEW OF REFORM EVENTS

Since 2007, TYC has worked to implement the changes required by the 80th Texas Legislature. The timeline on the following page highlights a few of the significant milestones the agency has met since 2007. On October 14, 2008, Governor Perry removed TYC from conservatorship and named an executive commissioner to head the agency. In September 2009, in accordance with SB 103, a new TYC governing board was established, and the agency was returned to the leadership of an executive director appointed by the board. By the end of 2009, all of the provisions of SB 103 had been implemented, including the installation of CoNEXTions[®].

RESEARCH FOUNDATIONS for CoNEXTions

One of the requirements of SB 103 was to develop rehabilitation and treatment programs that have research-supported outcomes for youth. The programs developed or used by TYC would reflect the “best practices” in the field for reducing adolescent criminal behavior. The programs were to be comprehensive and individualized and focus on effective intervention from beginning (commitment and initial assessment) to end (parole and community reintegration). In 1990, Andrews, Zinger, Hoge, Bonta, Gendreau, and Cullen published what many believe is the state of the art model for the assessment and rehabilitation of offender populations, called the Risk-Needs-Responsivity (RNR) Model. The clinical literature supports the belief that treatment can work with offenders, but that some programs are better than others, and that certain basic tenets of treatment should be followed. The CoNEXTions[®] strategy is founded on the RNR model and these principles. The literature indicates successful interventions focus on high risk offenders, target specific criminogenic needs, utilize cognitive and behavioral models for treatment intervention, demonstrate faithful implementation of program design, and maintain program integrity (Lowenkamp and Latessa, 2005).

RNR MODEL

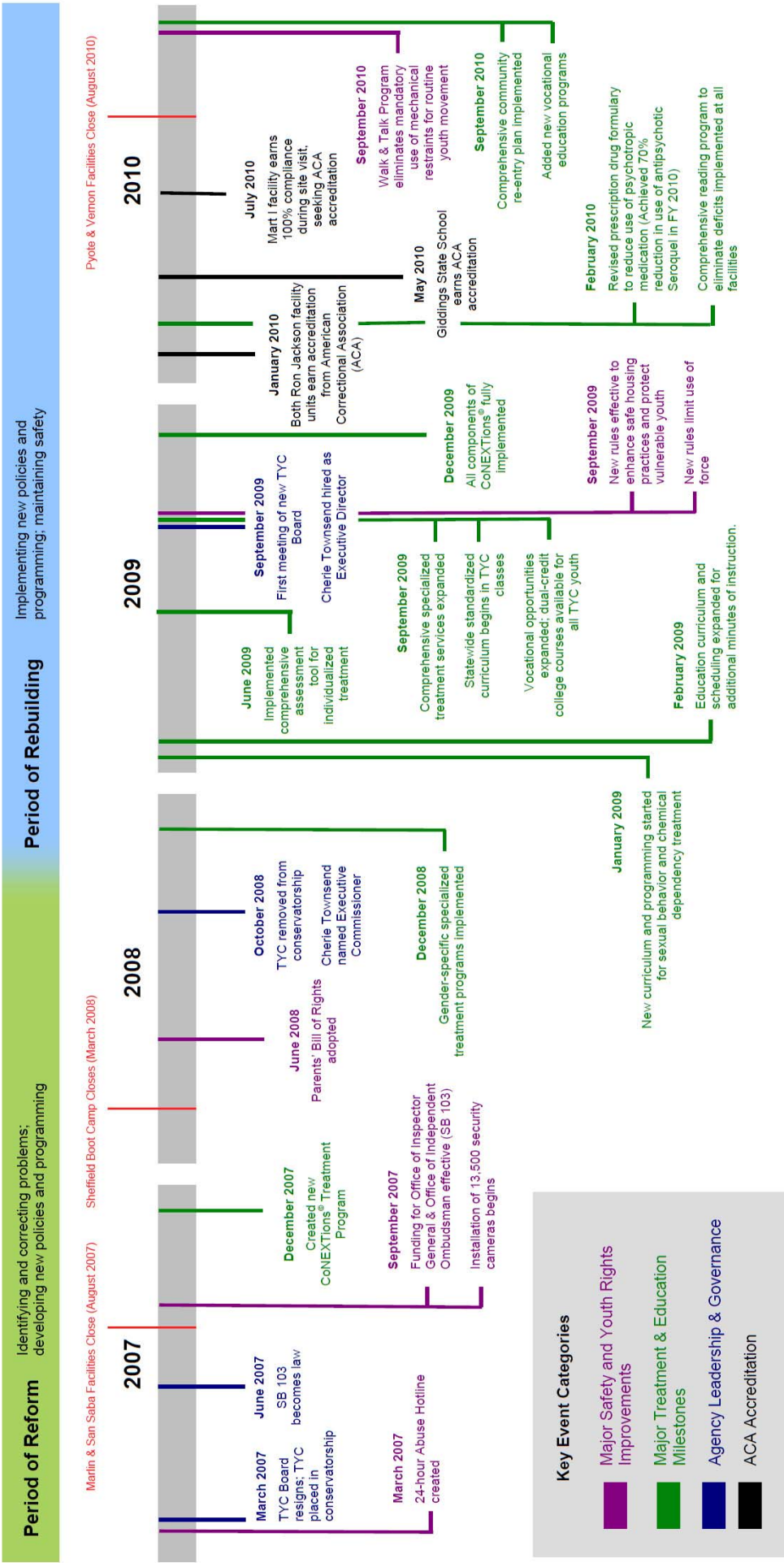
- Serve high **RISK** youth
- Match services with assessed **NEED**
- **RESPOND** to youth characteristics

The evaluation of an effective treatment program focuses on how well the program integrates and supports the risks and needs of youth. Evaluation measures tend to fall into three large groups: recidivism, targeted outcomes, and program integrity. Each of these groups will be reviewed in the course of this report.

Recidivism rates provide information about the effectiveness of programs for different types of offenders and specific program components. In this review, three measures of recidivism will be used: 1) Number of Arrests for Any Offense, 2) Number of Arrests for a Violent Offense, and 3) Reincarceration for Any Offense.



Timeline of Key TYC Reform and Rebuilding Events



The recidivism calculations employ the use of statistical methods that allow for more accurate comparisons of youth committed and released at different times. These statistical controls allow for more valid inferences of differences between these groups of youth committed at different times.

Targeted outcomes refer to reductions in criminogenic risk factors and increases in corresponding protective factors over time. TYC uses the following assessment tools to measure and quantify risk levels:

- 1) The Positive Achievement Change Tool (PACT) is used for all youth in TYC.
- 2) The Juvenile Sex Offender Assessment Protocol II (JSOAP-II) is used in sexual behavior treatment programs.
- 3) The Adolescent Self-Assessment Profile II (ASAP-II) is used in alcohol and other drug treatment programs.

Program integrity evaluation assesses to what extent a program has been implemented according to its design and if it maintains strategies consistent with effective treatment principles. These evaluations are comprehensive and review numerous program aspects, including staff training and support, appropriate use of interventions, consistent, repeated, and reliable assessments, and the use of ongoing quality assurance and evaluation measures.

The implementation of new TYC interventions has been based on other effective national models. Effective implementation can positively affect youth outcomes. The implementation of the CoNEXTions[®] strategy and the specialized treatment, educational, vocational, and re-entry programs are about two-thirds complete. The population of youth who have completed the new programs and are available for inclusion in recidivism studies is small but growing, and early results are encouraging.



YOUTH CHARACTERISTICS

Youth adjudicated to TYC have never been typical of the general adolescent population. Many of the characteristics of TYC youth reflect that their unique needs are highly correlated with the probability of future criminal behavior. Most of these characteristics are static factors and cannot be changed, although some can be addressed through treatment intervention. Examples of static risk factors are prior juvenile justice history, prior placements, IQ scores, and history of abuse and neglect.

As a result of reforms, including the emphasis on diversion, TYC youth today are far different from those committed three years ago. TYC has a smaller youth population now, but that population includes a higher percentage of violent offenders. All TYC youth have committed felony offenses. Nearly all have substantial academic deficiencies. Nearly 40% of new commitments report having experienced prior trauma, including sexual abuse. In FY 2010, 92% of new commitments were assessed as needing high or moderate intensity programming in at least one specialized treatment area (capital or serious violent offense, alcohol or other drugs, mental health related issue, or sexual offense), and the figure rose to 98% when low treatment needs were added. The vast majority of youth committed to TYC have had multiple previous encounters with the juvenile justice system. Often, the youth have experienced failure with the education system, their peers, and their communities. For many, TYC is the last opportunity at rehabilitation before entering the adult correctional system. TYC's challenge is to re-engage youth, inspire them, restore their hope, and teach them to believe in themselves – a monumental task for youth who have grown accustomed to failure.

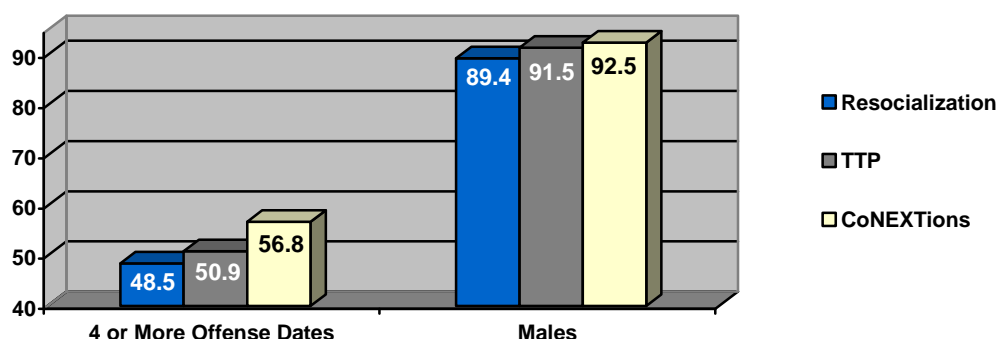
These changes in youth population characteristics have had an impact on expected outcomes for youth once released. Reviewing characteristics of the three groups we compare in the recidivism data – Resocialization group, Transitional Treatment Program (TTP) group, and CoNEXTions[®] group – supports the evidence that the TYC youth population has changed

PROFILE OF TYC COMMITMENTS	
	FY 2010
Committed Felony Offense	100%
IQ Less Than 100	83%
Parent Unmarried, Divorced, or Separated	79%
On Probation at Commitment	74%
Prior Out of Home Placement	63%
Family History of Criminal Behavior	44%
Chemically Dependent	54%
Known Gang Member	44%
History of Abuse or Neglect	36%
Serious Mental Health Diagnosis	42%
Special Education Eligible	32%
Median Education Achievement Behind	4-5 years
Violent Risk Score	21.2%

significantly over time. In every case, the top two predictors of increased recidivism have risen in the most recent population.

Re-arrest Predictors: Youth with 4 or more offense dates for felony or misdemeanor referrals are 78.1% more likely to be re-arrested for a felony or misdemeanor than youth with less than four. Male juveniles have a 132.5% increased likelihood of re-arrest as compared to female juveniles. The table below offers a comparison of the percentages of youth committed to TYC during the Resocialization, Transitional Treatment, and CoNEXTions time periods. As demonstrated below, the percentage of youth committed to TYC with these top two re-arrest predictors has increased.

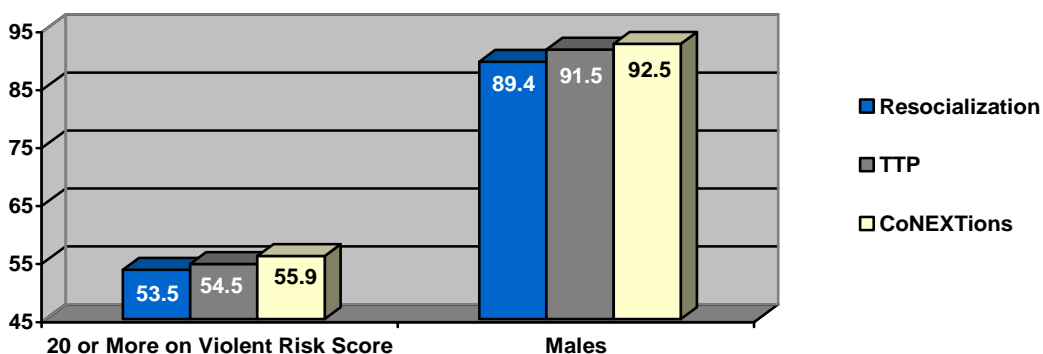
PERCENT OF YOUTH WITH TOP TWO RE-ARREST PREDICTORS



Re-arrest for a Violent Offense Predictors: Youth with a score of 20 or more on the TYC Violent Risk Score are 84.7% more likely to be re-arrested for a violent offense than those with a score of less than 20. (Note: The violent risk score is a validated score developed by TYC predicting the likelihood that a youth will be re-arrested for a violent offense.)

Again, male juveniles have a 132.5 % increase in likelihood of re-arrest as compared to female juveniles. The table below offers a comparison of the percentages of youth committed to TYC during the Resocialization, Transitional Treatment, and CoNEXTions time periods. As demonstrated below, the percentage of youth committed to TYC with these top two re-arrest for a violent offense predictors has increased.

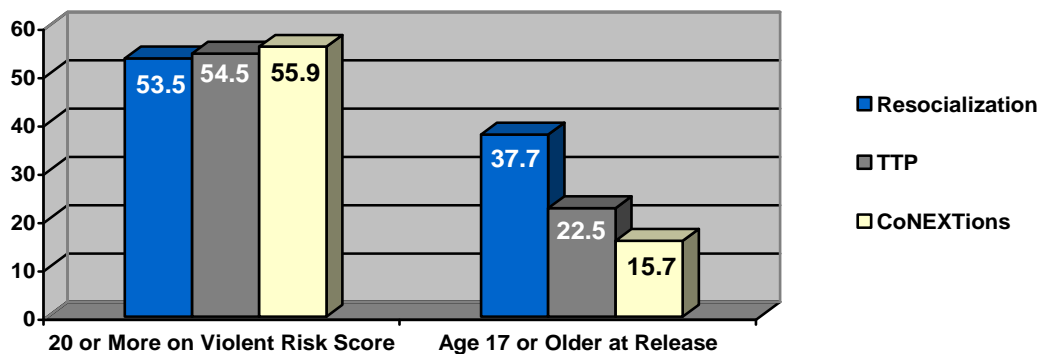
PERCENT OF YOUTH WITH TOP TWO RE-ARREST FOR VIOLENT OFFENSE PREDICTORS



Re-incarceration Predictors:

Youth with a score of 20 or more on TYC's Violent Risk Score are 104.9% more likely to be reincarcerated for any reason than those with a score of less than 20. Youth released at age 17 or older were shown to have a 39.8% decrease in their risk to be reincarcerated for any reason. The table below offers a comparison of the percentages of youth committed to TYC during the Resocialization, Transitional Treatment, and CoNEXTions time periods. As demonstrated below, the percentage of youth committed to TYC with these top two reincarceration predictors has increased.

PERCENT OF YOUTH WITH TOP TWO REINCARCERATION PREDICTORS



TYC is charged with making a difference in the life of each youth entrusted to its care, and is responsible to the community for ensuring its safety. TYC takes this responsibility seriously. As demonstrated from the data above, the youth who are committed to the agency arrive with significant risk factors which increase their chances for future recidivism and criminality. TYC must help these youth heal, understand the consequences of their behaviors, make amends to their community and the people they have victimized, and change their responses and life choices.

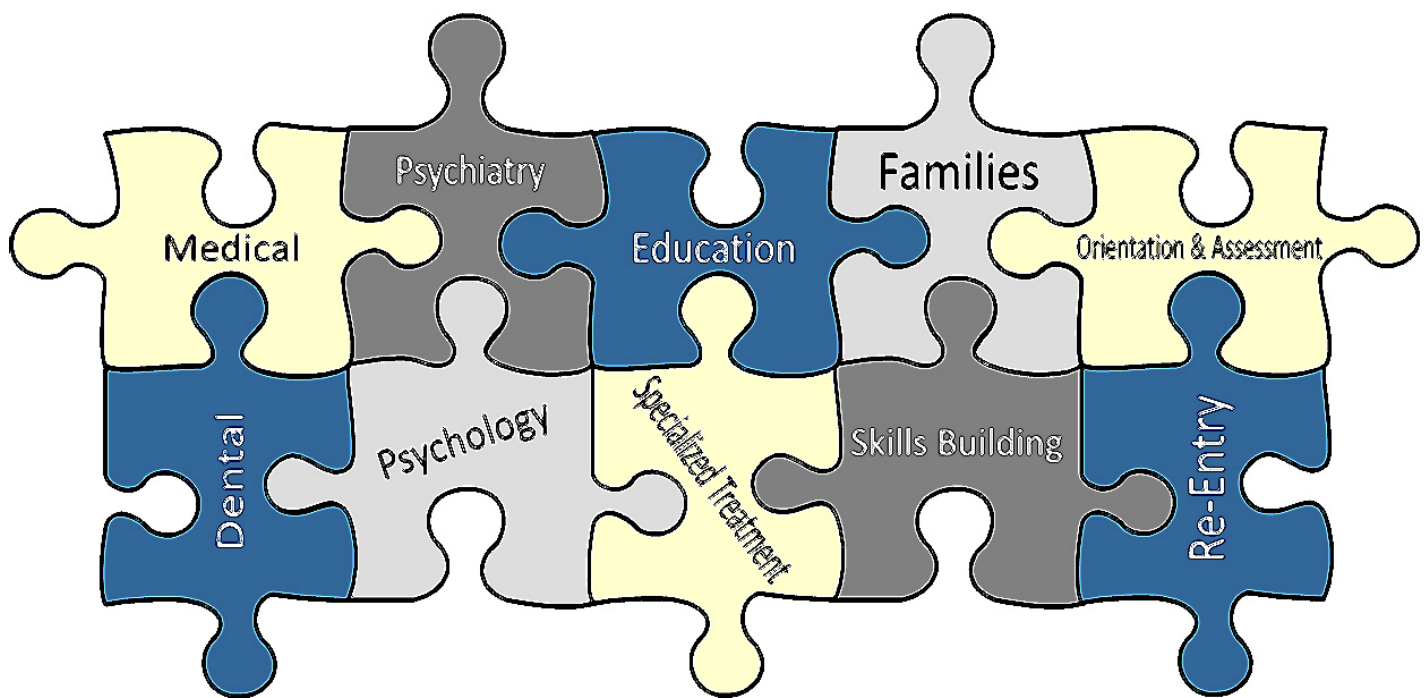
CONEXTIONS[®] PROGRAM DESCRIPTIONS

The Senate Bill 103 mandate for the creation of a new general treatment program moved TYC towards research-supported programming, implementation of evidence-based treatment interventions, and ultimately led to the development of CoNEXTions[®].

CoNEXTions[®] began in February 2009, which was the date that youth were assigned “stages” as a conversion from the previous treatment model. Following the implementation of the automated case planning tool in December 2009, CoNEXTions[®] was considered to be fully implemented in its current form.

CoNEXTions[®] is defined as an integrated, system-wide rehabilitative strategy that offers various therapeutic techniques and tools that are used to help individual TYC youth lower risk factors and increase protective factors to be successful in the community.

The CoNEXTions[®] strategy is much like a comprehensive, integrated puzzle. The pieces of the “treatment” puzzle include medical, dental, psychiatry, psychology, and interventions including specialized treatment, educational programs, and the skills-building curricula. To be effective, treatment must not only inform but also engage families in the planning and delivery of these services. Finally, re-entry planning, which begins the day a youth enters TYC, ties all the pieces together to build a complete, comprehensive, and integrated program that moves the successful youth back into the community.



CoNEXTions[®] incorporates nationally recognized best and promising practices and consists of multiple interventions and approaches to address individual treatment needs and ultimately reduce criminal and delinquent behavior of youth discharged from TYC. The design uses evidence-based practices such as: highly trained staff, risk-based assessment, individualized case plans, motivational interviewing, multi-disciplinary case planning, standardized curricula, privilege systems, positive behavior supports, groups, and family involvement.

In June 2009, the agency implemented the Positive Achievement Change Tool (PACT), an evidence-based instrument that assesses criminogenic risk and protective factors. After an initial assessment at intake, youth are re-assessed at least every 90 days. The PACT results provide the foundation for designing a youth's individual case plans (ICP) and targeting skill building. The identification of individual criminogenic risk and protective factors are used to develop the ICP with the intent of reducing risk and increasing protective factors.

The integration of the R-PACT and the ICP provides youth, family, and staff with an assessment of the youth's progress and lays out goals and action steps to build on the skills learned. Every 90 days youth are reassessed and a summary report is sent to parents and guardians. In this way, families are consistently engaged and connected to the youth's progress and are empowered to help their child adjust to the community upon re-entry. A multi-disciplinary team comprised of staff, the youth, and the youth's parent/guardian, meet regularly to assess the youth's progress, determine next steps, and refine a re-entry plan. As youth near completion of their minimum lengths of stay, case managers, parole officers, youth, and their parents or guardians formalize individualized Community Re-entry Plans for transition. These plans include the elements required for the youth to be successful upon return to the community. Once in the community, youth continue to be assessed and the case plan provides additional interventions and supports to reduce risk and increase protective factors.

The agency uses numerous interventions to rehabilitate youth and improve outcomes. These interventions include: accurate and empirically supported assessments and placement of youth within TYC, safe housing assessments to ensure safety, general rehabilitation programming, education and workforce development, specialized treatment for youth with alcohol or other drug addictions, sexual behavior treatment needs, violent offending behaviors, and treatment for youth with mental health and mental retardation diagnoses. The agency uses re-entry planning opportunities to partner with families, tutors, mentors, and service providers in the community. This comprehensive approach ensures each youth has the greatest opportunity for success.

SPECIALIZED TREATMENT

MENTAL HEALTH TREATMENT PROGRAM

Unlike the offense-related specialized programs such as sexual behavior, drug, and violent offender programs, mental illness is not a crime. Youth are not committed to TYC solely for

mental health problems. Mental illness is a risk factor for delinquent behavior. While mental disorders do not cause delinquent or criminal behavior, the effects of mental disorders on important functions such as judgment, problem solving ability, memory, impulse control, and the ability to get along with others may make it easier for youth to engage in delinquent or criminal behaviors. When these functions are impaired, youth are more apt to engage in risky behavior or follow those who encourage them to engage in these behaviors, some of which are illegal. Mental health services are available at different intensity levels based on assessed need and risk. This includes protective hospital-like settings, residential treatment centers, and psychiatric and psychological services, which are available at all TYC locations.

SEXUAL BEHAVIOR TREATMENT PROGRAM

Sexual offenders represent about 10% of all new commitments and about 18% of the total secure facility population at any given time. The data indicate that youth who have committed sexual offenses also have a variety of other risk issues related to delinquent behavior which need to be addressed. Services are designed to target their specific treatment needs and include sex offender specific risks as well as other risks for delinquent behavior. The agency offers a range of services that extends from facility to community-based treatments to facilitate continuity of care. These include: Assessment, Psychosexual Education classes, Short-Term treatment, Intensive Residential treatment, and Sex Offender Aftercare. Sexual behavior treatment services are provided in both secure and non-secure locations. Programs are developed to be gender-sensitive and developmentally appropriate for both young offenders and older adolescents. Sexual behavior treatment services are available at different intensity levels based on individual needs and risks.

CAPITAL AND SERIOUS VIOLENT OFFENDER TREATMENT PROGRAM

Two programs within the agency specifically targeted to meet the needs of youth adjudicated for the most violent offenses are located at the Giddings State School, which provides programming for males, and Ron Jackson State Juvenile Correctional Complex Unit I, which provides programming for females. The Capital and Serious Violent Offender Treatment Program (C&SVOTP) is designed to impact emotional, social, and cognitive developmental processes commonly associated with violent youth. It seeks to facilitate empathic development, emotional regulation, and appropriate expression of thoughts/feelings. It is designed to improve interpersonal functioning and to correct cognitive justifications for criminal behavior. Youth may be assigned to the high or moderate intensity C&SVOTP programs. Violent offender services are available at different intensity levels based on assessed need and risk. Aggression Replacement Training (ART®) is the moderate intensity treatment choice for violent offenders and it is offered at every TYC residential facility and at selected halfway houses.

ALCOHOL AND OTHER DRUGS

Alcohol or Other Drugs (AOD) Treatment Programs are based on the philosophy that dependence on alcohol and other drugs is a primary, chronic disease, which is progressive and influenced by genetic, environmental, and psychosocial factors. AOD addiction is characterized



by loss of control, poor choices over the use of chemicals of abuse, preoccupation with chemicals of abuse, continued use despite negative consequences, and distortions in thinking. Chemical dependency is not a symptom of something else, but rather has its own set of pathological and physiological symptoms and is considered an involuntary disability. Adverse consequences due to the abuse will cause deterioration in all life areas including spiritual, moral, physical, emotional, intellectual, and social functioning.

Consequently, TYC's approach to treatment is holistic and focuses on repairing the damage done to the youth's physical well-being and mental health. Part of TYC's philosophy also deals with the external environment beyond the institution. Addiction affects the entire family and all those in contact with the chemically addicted youth. It is essential that, whenever possible, the family be involved in some form of treatment or education program at the same time. Many TYC youth will return to the same social environment from which they arrived and that environment must embrace the concepts of a drug free lifestyle. With appropriate intervention and family involvement in place, it is more likely that youth released from treatment will have the supportive context they require during the critical early stages of their recovery.

AOD treatment services are offered at all facilities except the orientation and assessment units. There are two levels of treatment intensity, high and moderate. The high intensity treatment programs are residential and offered at dorms dedicated for that purpose. Youth attending the residential programs are required to complete a curriculum which addresses issues related to their criminal offending, addiction, and recovery as they progress through each stage. Moderate treatment programs are provided through an outpatient delivery model. Program length and intensity vary, but all provide a combination of services to include individual and group chemical dependency counseling, AOD education, curriculum-driven life skills training, involvement in self help meetings, relapse prevention, and family involvement. The expected length of stay in any specialized program varies based upon the youth's individual needs, with the expected average being six months. All specialized AOD treatment is provided by a Licensed Chemical Dependency Counselor (LCDC) or a Qualified Credential Counselor (QCC).

FEMALE OFFENDER PROGRAM

TYC recognizes that the criminogenic needs of females are not identical to those of males. Therefore, TYC has developed initiatives directly targeted to impact female youth. In 2007, the primary secure facility for females became the Ron Jackson State Juvenile Correctional Complex Unit I. This change allowed TYC to develop an evidence-based and gender-specific treatment culture to increase positive outcomes for adolescent females. All general and specialized services were evaluated, modified, and/or eliminated to focus on gender relevance. Programs were initiated focusing on gender developmental issues and the relational needs of female offenders. In January 2010, the "*Girls Circle*" program was implemented. The *Girls Circle* model is a structured support group that focuses discussion on gender-specific topics designed to promote resiliency and self-esteem. Female offenders have access to all needed specialized treatments. All programming is provided by appropriately licensed and trained staff at the Ron Jackson facility. Transitional placements to support the successful re-entry of female youth have also been put in place.



Education achievement during FY2010 occurred within the context of a major restructuring of education processes and services. With the maximum age for new commitments to TYC lowered from 21 to 19, TYC anticipated a larger percentage of students would return to public schools. Accordingly, extensive changes were implemented to build a robust educational program that included more emphasis on earning credits and successful re-entry to public schools. Program changes included extension of the school day to 420 minutes.

Important restructuring occurred in the Special Education Department to ensure compliance with state and federal requirements. TYC worked closely with advocacy groups, hired a monitor from the Texas Education Agency, and implemented significant improvements in seven major areas of special education operations, including policy and procedures, accountability, documentation, staff structure and development, and parent and student involvement.

The agency also implemented a new comprehensive reading program designed by and delivered in partnership with the Meadows Foundation through the University of Texas. Logistical details were largely worked out during the course of FY 2010, and full benefits of the program will be realized in FY 2011.

Another major initiative has been the implementation of a Positive Behavioral Interventions and Supports (PBIS) system. As TYC de-emphasizes the use of security and isolation as a behavioral intervention, it has become critical for TYC staff to develop a broader repertoire of skill sets and interventions to work with challenging youth. TYC contracted with national experts in PBIS, as well as Texas State University, which has a renowned PBIS track in their Special Education/Behavior Disorders department.

VOCATIONAL EDUCATION

Career and Technology Education courses introduce students to career planning and create an opportunity to learn entry-level to advanced skills in a particular occupation. Moreover, students learn how to successfully gain and maintain employment. To enhance occupational skill development and the prospect of gainful student employment after release, TYC aligned industry recognized licensure/certification courses with appropriate academic courses.

POST-SECONDARY EDUCATION

TYC developed a post-secondary education program in partnership with Navarro College in Corsicana that enables students in institutions and halfway houses to routinely participate in distance learning courses via videoconference. In addition, students at the AI Price facility in Beaumont have access to college classes through Lamar University. College enrollment for dual credits and straight college credit grew significantly over the last three semesters and during summer school. For the first time, a college education experience has become a significant component of educational opportunities afforded to students within residential settings.





VOLUNTEER SERVICES

A significant protective factor to deter ongoing delinquent or criminal behavior is the presence of a positive, supportive relationship with an adult. Volunteer mentors in TYC continue to make a significant impact on the rehabilitation of youth by providing this ongoing positive relationship. Since 1997, adult mentors have been matched to 2,448 TYC youth. During FY 2010, 12.5% of youth in institutions, 6.4% of youth in halfway houses, and 1.2% of youth on parole received mentoring services. TYC mentors make a six-month minimum commitment and agree to personal visits with their mentee for 4-8 hours each month. Mentors are carefully screened and trained prior to their matches to TYC youth. Mentoring is only one role community volunteers have in TYC. Volunteers are also engaged in tutoring, religious services, advocacy and resource councils, internships, special events, and a variety of other projects and programs. During FY 2010, more than 1,600 community volunteers contributed 103,120 hours of service with TYC youth.



MEDICAL SERVICES

Any effective treatment program must consider the whole person when identifying needs and corresponding supports and interventions. The physical well-being of youth in TYC is fundamental to their ability to progress in any other area of the program and, ultimately, to demonstrate success upon return to the community. As in many other areas, youth in TYC have more significant medical needs than their counterparts in the general population. Therefore, medical services must provide more extensive screening and treatment intervention.

Youth entering TYC often have complex health care needs in a variety of areas. Compared to national norms, they have increased risk for psychiatric disorders in general, and for disruptive and substance abuse disorders in particular. The number of youth with a high need for mental health treatment has increased to almost 44% of all youth committed in 2010, compared to approximately 32% in 2008. Psychiatric assessment, medication monitoring, and nursing services has also increased to address this need.

The University of Texas Medical Branch (UTMB) provides comprehensive medical, dental, and psychiatric care to youth at all TYC-operated secure facilities and halfway houses. While primary care is provided on-site, telemedicine and telepsychiatry are used to provide access and continuity of health care whenever it is efficient and cost effective. The TYC medical division, under the leadership of the medical and nursing directors, collaborates in planning for comprehensive health care delivery and oversight. Efforts in FY 2010 to improve program outcomes included the establishment of utilization review groups to ensure effective and timely delivery of medical services.



CoNEXTions[®] programming continues while youth are placed in halfway houses and on parole. A range of re-entry services is provided to meet the individual needs of each youth as he or she transitions back into the community (e.g., gang intervention, surveillance and electronic monitoring, vocational programming/job placement assistance, medical and psychiatric care, life skills training, and independent living).

Halfway houses function as medium restriction transitional placements allowing youth to be placed in the community prior to release to their home or to an independent living location. The halfway houses serve as a step-down placement from the secure setting of an institution and provide “real life” exposure to the community while also providing structure, support, and accountability.

As part of its re-entry programming, TYC has implemented an Accelerated Re-entry Program for juveniles revoked from parole. If a youth is identified as needing temporary removal from the community, she or he is placed for a minimum stay in an institution or halfway house to work on specific issues identified as contributing to his or her revocation. The youth is then released to parole with a revised plan and an expectation of increased chances for successful community reintegration.

The Community Re-entry Plan- Transition (CRP-T) is a re-entry case plan which transitions youth to subsequent placements and onto parole. The case plans are derived from the results of the PACT and focus on the community re-entry and release of each youth.

Partnerships with volunteers, other state agencies, local community-based agencies, local courts, and victim advocates continue to be an integral part of the reintegration process. To assist youth and ensure their needs are met upon release, TYC has partnered with the Texas Health and Human Services Commission to provide families with a range of contracted services (e.g., electronic monitoring, therapists) that meet the individual needs of youth on parole or in halfway houses.

Re-entry in to the public school system or the attainment of a GED is coordinated with local school districts or community programs. Educational liaisons and family liaisons, located in institutions and district offices, are available to staff cases and further facilitate the transition process.

In FY 2010, TYC embarked on two new grant-funded programs which focus on specific issues related to successful re-entry. The Children Aftercare Re-entry Experience (CARE) in San Antonio provides approximately 450 TYC youth in Bexar County with intensive wraparound services, with a focus on mentoring and employment. In Houston, a program with focus on the re-entry of gang-involved youth is underway. The program will utilize Functional Family Therapy[®] and Aggression Replacement Training[®], both evidence-based programs, to reduce the likelihood of these juveniles returning to correctional systems.



CONEXTIONS[®] IMPLEMENTATION

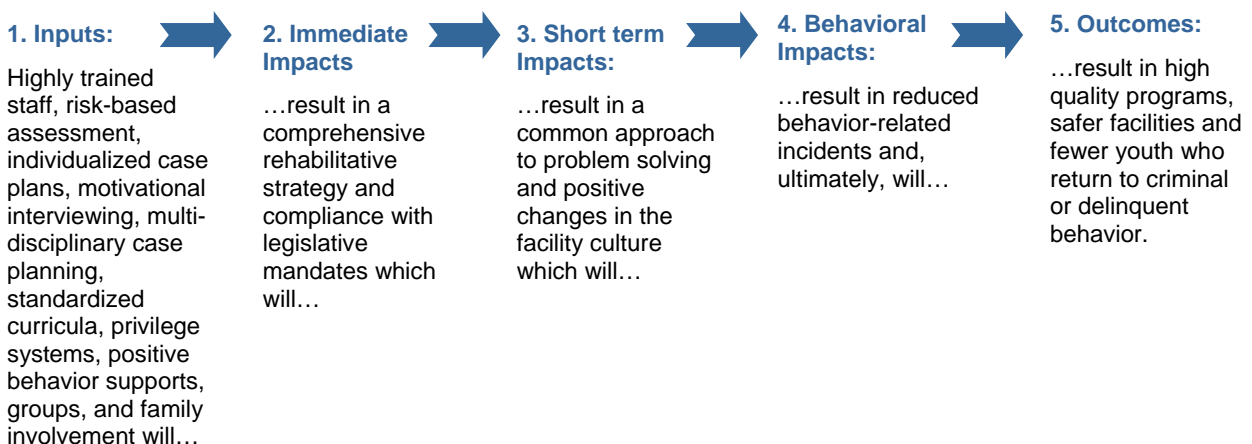
Fidelity and principles of program integrity are important components of any effective treatment program. These components focus on implementation and sustainability within a correctional program. Fidelity emphasizes staff training, mentoring and support, program evaluation efforts, and overall quality assurance. Programs with high rates of fidelity have been shown to be more effective than those with lower rates (Andrews and Dowden, 2005).

The evaluation of program integrity demonstrates to what extent a program is being implemented and sustained according to its design. These evaluations are comprehensive and include a review of numerous program aspects, including staff training and support, appropriate use of interventions, consistent and reliable assessment and reassessment, and the use of quality assurance and evaluation measures.

In order to make conclusions about the treatment effectiveness of CoNEXTions[®], it is critical that the agency first assess the delivery of the components. To that end, TYC engaged in a process evaluation of CoNEXTions[®] in the spring and summer of 2010.

The three major questions addressed in the process evaluation are: 1) what is the program intended to deliver; 2) what is delivered in reality; and 3) what gaps may exist between program plans and program delivery. This process evaluation helps determine the extent to which the CoNEXTions[®] is implemented as designed, whether the services produce immediate results, and if the immediate results have the potential to produce the desired long-term outcomes, or “treatment effectiveness.”

PROGRAM LOGIC MODEL



Following the logic model, effective implementation of CoNEXTions[®] as designed should produce short term impacts, leading to behavioral impacts and eventually leading to fewer youth who return to criminal or delinquent behavior. The process evaluation was completed to

determine the extent to which TYC's staff, treatment providers, daily operational procedures, and administrative personnel support faithful implementation of CoNEXTions®.

A team of subject matter experts used existing data to examine measures related to youth progress, participation, assessment results, daily behavioral ratings, parental involvement, length of stay, case planning, and multi-disciplinary team meetings. Individual case files were reviewed for measures related to intake processes, service delivery, case planning, behavioral interventions, re-entry plans, and completion of required programming. Observations of interventions such as groups, education, Thinking Reports, and Check-Ins were conducted to gather data for measures related to program delivery and content. Management, line staff, and youth were interviewed for measures related to satisfaction, knowledge, access to privileges, content, and participation levels.

Although results for the process evaluation are still being interpreted, preliminary findings indicate that there is variation throughout the agency regarding the degree to which individual CoNEXTions® components are implemented as designed. Further, within each facility, there are strengths and weaknesses in component implementation. Taken together, the preliminary results indicate that there is room for improvement in the fidelity principle within TYC. Improving fidelity will improve treatment effectiveness.

The evaluation shows that the foundational components of the PACT, multi-disciplinary team meetings, and the Individual Case Plan (ICP) components are largely being completed. However, they are not consistently completed within prescribed timeframes.

The PACT pre-screening and initial assessments are close to a 100% completion rate, meaning that initial treatment plans are designed with validated assessment information in place. PACT reassessments are designed to show how the risk and protective factors for each youth have changed and inform adjustments to treatment plans. They are ideally completed every 90 days. While reassessments have been completed, most are not done every 90 days. The agency can improve its responsiveness to the changing needs of youth by conducting reassessments as scheduled.

Similarly, multi-disciplinary team meetings and ICPs are being completed, but not always within the ideal 28-35 day timeframe. This means that some youth and their families are not receiving formalized feedback and revised ICPs as regularly as desired. By improving fidelity in these areas, the agency will provide more consistent services that better meet the needs of youth as they change, provide opportunity to address more risk factors, and keep youth and their families more engaged with treatment goals and outcomes.



CONEXTIONS[®] OUTCOME DATA

Intermediate measures of CoNEXTions[®] effectiveness prior to the end outcome of “success” versus recidivism can be measured by youth’s ability to solve problems effectively and demonstrate adequate skills to cope with challenging situations. A major element of CoNEXTions[®] is the use of the Residential Positive Achievement Change Tool (RPACT), developed by Assessments.com. The R-PACT is based on the empirical findings in the meta-analysis conducted by Gendreau P., French S.A., and A. Taylor (2002) What Works (What Doesn’t Work). The analysis found that targeting between two and four criminogenic needs is significant in reducing recidivism. The PACT and subsequently, the automated ICP, work in conjunction to identify and target these needs. Thus, the mean (or average) decrease in risk factors and increase in protective factors is an important measure of treatment effectiveness.

There are seventeen dynamic domains, each of which has risk and protective factors. Each of the domains has been demonstrated by the authors of the instrument to be related to recidivism. Treatment should decrease the risk factors and increase the protective factors. R-PACT data was analyzed for youth who were: 1) committed to TYC after the introduction of CoNEXTions[®], 2) released to parole or discharge, and 3) measured at least twice. When comparing scores on their first assessment to those on the last assessment prior to release, the average risk decreased in sixteen domains, with the only exception being Progress in Supervised Tasks. There were increases in all seventeen dynamic Protective Domains.

The chart below shows the average change in each domain for youth released to parole or discharged from the agency from a residential program, and the statistical significance of the change. For example, youth showed, on average, an increased rate of 59% in the protective factor domain for aggression, while there was an average decrease of 18% on the same domain. The statistical significance of each was .0001, which means that a change of that magnitude could have happened only 1 time in 10,000 by chance alone. Later this report identifies specific risk and protective factors that predict recidivism risk. This will inform changes in the programs regarding where to focus interventions to maximize results.

Average Changes in Dynamic Risk Factors				
Protective		Sign.	Risk	Sign.
CURRENT AGGRESSION	59%	0.0001	-18%	0.0001
ALCOHOL AND OTHER DRUG	36%	0.0001	-19%	0.0001
CURRENT ATTITUDES/BEHAVIOR	26%	0.0001	-23%	0.0001
CURRENT ACADEMIC SCHOOL STATUS	24%	0.0001	-28%	0.0001
CURRENT PARENT/CARETAKER RELATIONSHIPS	27%	0.0001	-2%	ns

CURRENT USE OF STRUCTURED/UNSTRUCTURED RECREATION/LEISURE TIME	35%	0.0001	-46%	0.0001
CURRENT OUTSIDE EMPLOYMENT	18%	ns	288%	0.005
CURRENT RELATIONSHIPS WHILE IN PROGRAM	18%	0.0001	-22%	0.0001
CURRENT VOCATIONAL TRAINING STATUS	26%	0.0001	-4%	ns
EMPLOYABILITY	12%	0.0001	-26%	0.0001
EMPLOYMENT HISTORY	-2%	ns	27%	0.0050
MENTAL HEALTH HISTORY	1%	ns	-4%	ns
PROGRAM SUPERVISED TASKS	35%	0.0001	5%	ns
CURRENT SKILLS	36%	0.0001	-40%	0.0001
SKILLS FOR APPROPRIATELY DEALING WITH DIFFICULT SITUATIONS	26%	0.0001	-31%	0.0001
SKILLS FOR DEALING WITH FEELINGS/EMOTIONS	21%	0.0001	-29%	0.0001
SKILLS FOR APPROPRIATELY DEALING WITH OTHERS	17%	0.0001	-29%	0.0001
TECHNIQUES IN CONTROLLING AGGRESSIVE BEHAVIOR	21%	0.0001	-35%	0.0001
TECHNIQUES IN CONTROLLING IMPULSIVE BEHAVIOR	25%	0.0001	-33%	0.0001

The charts below compare the percentage changes in recidivism rates under two periods of reform, the Transitional Treatment Program (TTP) (March 2007 through January 2009) and CoNEXTions[®] (February 2009 and after), with a pre-reform control group who received Resocialization (February 2007 and prior), statistically controlling for the differences in youth served. When comparing youth admitted to TYC during CoNEXTions[®] with those admitted during Resocialization, no statistically significant differences were found. However, there were two statistically significant differences when comparing youth admitted under TTP with youth admitted under Resocialization in that the TTP group had increases in recidivism in every area. When combining youth in all time periods, youth who completed all program requirements prior to release to parole or discharge were significantly less likely to be rearrested for a felony or a misdemeanor or to be reincarcerated than those who did not complete treatment.



All TYC Youth							
	Re-arrest		Re-arrest for Violent Offense		Reincarceration		
TTP Compared to Resocialization	11.1%	.0005	17.4%	.05	11.9%	.05	
CoNEXTions [®] Compared to Resocialization	-1.9%	ns	10.6%	ns	8.5	ns	
CoNEXTions [®] compared to TTP	-13.8%	ns	-10.8%	ns	-15.8%	ns	
CoNEXTions [®] Completion compared to Non-Completion of CoNEXTions [®]	22.5%	ns	73.6%	.05	42%	.05	
Completion of any program compared to Non-Completion	-9.2%	.0005	9.0%	ns	-23.1%	.0001	

RECIDIVISM AND R-PACT DATA

One of the goals of the treatment effectiveness process evaluation was to determine if the intermediate measures provided by changes in the scores on R-PACT domains were predictive of changes in the recidivism risk as measured in this document. The recidivism measures were re-arrest, re-arrest for a violent offense, and reincarceration.

A validation study was completed to see if changes in the risk and protective factors measured on the R-PACT would predict actual recidivism rates in terms of re-arrests, re-arrests for a violent offense, and reincarceration. The relationships between R-PACT domains and recidivism rates were analyzed and shown in Appendix A. The desired direction for the domains is a negative change for risk factors and a positive change for protective factors.

Discussion and Review of findings

Most domains were predictive of at least one measure of recidivism; a few were not. While these results are early, these relationships should continue to be monitored to determine which domains are more useful in predicting reduction in risk and which are not as useful. This will allow staff to focus treatment interventions on those factors most likely to result in a successful return to the community. An area of emphasis will be on tracking those domains specifically targeted for intervention and how they impact the recidivism data.

One example of domain change is the “Change in Parent and Caretaker Relationships.” As a protective factor it was found to be statistically significant in the desired direction on all three measures of recidivism, indicating that youth with improvements in this domain were less likely to recidivate on each of the recidivism measures. Such data reinforces the belief that youth in positive and supportive relationships with their families and care givers are healthier and more successful. The data also emphasize the continued importance of engaging not just the youth, but their families in the treatment process.

In addition, either the protective and/or the risk factors of the following domains were significantly related to at least one of the three measures of recidivism in the desired direction: Techniques for Controlling Aggression, Current Attitudes and Behavior, Current Academic School Status, Current Use of Structured and Unstructured Recreation and Leisure Time, Current Relationships While in Program,, Employability, Program Supervised Tasks, Current Alcohol and Other Drugs, Current Skills, Skills for Appropriately Dealing with Difficult Situations, Skills for Appropriately Dealing with Feelings and Emotions and Techniques in Controlling Impulsive Behaviors Leading to Trouble. These preliminary results provide guidance and direction in the evolution of the programs currently in operation and can enhance future positive outcomes.

SPECIALIZED TREATMENT

An improvement in specialized treatment in the last fiscal year was the ability to offer services to more youth based on their assessed treatment needs. This became possible with the introduction of the moderate intensity services and the hiring and training of an increased number of appropriately licensed or certified staff to deliver the services needed. There is a clear trend towards increased services provided across each of the specialized treatments offered. Currently the need for one or more specialized treatment services to reduce risk has increased from 74% of the commitments in FY 2009 to 92% of the population. This increase is due to a population of youth with greater needs and to TYC's commitment to provide services to youth with high and moderate needs.

MENTAL HEALTH TREATMENT PROGRAM

The Mental Health Treatment Program (MHTP) is designed to treat diagnosed mental disorder(s) and factors that drive criminal and delinquent behavior. The program provides specialized mental health treatment, moderate intensity specialized treatments, and general CoNEXTions[®] interventions. Examples of such programming include trauma groups and Trauma Focused Cognitive Behavioral Therapy, Seeking Safety curriculum, psychosexual groups, modified moderate intensity sexual behavior and alcohol and other drug treatment, Aggression Replacement Training, Cognitive Life Skills, and Boys Council and Girls Circle.

The expected benefits of treatment in the specialized mental health program lie in specific changes to the risk and protective factors associated with having a mental disorder, *and* the reduction of other criminogenic risk and protective factors. Measures of the effectiveness of the MHTP program include ensuring that appropriate youth are admitted into the program in a timely manner. Of 149 youth released in FY 2010 with an identified need for specialized high intensity MH treatment in a MHTP, 97% were enrolled in the service. Effective programs also must demonstrate changes in mental health and other risk and protective factors, as measured by R-PACT scores. Table 1 describes percent changes for risk and protective factors for youth who completed the MHTP and in the general population on those domains which conceptually would be most likely to be affected by Mental Health Treatment.



Mental Health Treatment Profile: Youth B.C.

Youth B.C. was committed to T.Y.C. for an assault of her mother in 2009. B.C. was diagnosed with bipolar disorder and post traumatic stress disorder. She was placed in the Corsicana Residential Treatment Center (CRTC) for mental health treatment. During her stay, she worked with the psychiatrist, a psychologist and her caseworker.



At first, B.C. was very angry at her mother. She felt that her mother gave all of her attention to her little brother, who had serious health needs. B.C.'s mother was very willing to be involved in her treatment. The family participated in family counseling and B.C.'s mother attended her multidisciplinary team meeting each month. By working as a team, B.C. was able to deal with her feelings and behaviors and the family was able to improve functioning and relationships. B.C. participated in the girl's trauma group and in mental health support groups. Both groups helped B.C. develop coping skills necessary for a successful transition.

Current Status:

B.C. is currently a full-time student in the 10th grade. She has had no incidents on parole. She has completed all of her community service and has a part-time job. She actively participates in therapy with her new therapist. She has had no assaultive incidents with her mother or her brother. B.C. is also active in the Boys and Girls Club.

The scores represent the average change between the initial and last assessment on the R-PACT. The first column is for TYC youth in general and the second is for those who completed the MHTP. Overall results indicate that most of these risk and protective factors moved in the expected positive direction when compared with the youth's baseline. Of particular interest is that the average score for Mental Health History decreased by 8% for Risk Factors and increased by 3% for Protective Factors for youth completing the MHTP program, compared to -4% and +1%, respectively, for all youth.

Select R-PACT Risk and Protective Factors	Total TYC Population	Completed MHTP
Current Parent/Caretaker Relationships		
Risk	-2%	0%
Protective	27%	27%
Current Skills		
Risk	-41%	-41%
Protective	36%	43%
Skills for Appropriately Dealing with Difficult Situations		
Risk	-31%	-29%
Protective	26%	33%

Skills for Appropriately Dealing with Feelings/Emotions		
Risk	-29%	-30%
Protective	21%	28%
Skills for Appropriately Dealing with Others		
Risk	-29%	-30%
Protective	17%	23%
Skills for Appropriately Controlling Impulsive Behaviors		
Risk	-35%	-32%
Protective	21%	31%
Mental Health History		
Risk	-4%	-8%
Protective	1%	3%
Progress in Supervised Tasks		
Risk	5%	6 %
Protective	35%	37%
Skills in Dealing with Feelings/Emotions		
Risk	-29%	-30%
Protective	21%	28%

The measurement of reductions in recidivism for youth in the MHTP was initially calculated by comparing youth who had a high or medium need who entered a high or medium treatment program versus those with such a need who entered neither program. Statistical controls were applied for the likelihood of recidivism based on their characteristics on known recidivism factors, whether they entered another high or medium specialized treatment program, and whether they started TYC during the time of CoNEXTions.

While none of the results were statistically significant, all of the results indicate that entering the program is related to reduced recidivism. For example, youth with a high or medium mental health need who entered a high or medium mental health program were 6.3% less likely to be rearrested for a felony or misdemeanor than youth with similar needs who did not.

Re-arrested for a Felony or Misdemeanor		
Entered Treatment	-6.3%	ns
Re-arrested for a Violent Offense		
Entered Treatment	-16.6%	ns
Reincarcerated		
Entered Treatment	-9.4%	ns

The data was then broken down to differentiate between youth completing high need programs, completing medium needs programs, entering but not completing high needs programs, and entering but not completing medium needs programs. These youth were then compared with youth with a high or moderate need who did not enter a high or medium need



mental health program, statistically controlling for characteristics of the youth that are related to recidivism. Overall, results indicate that youth who complete the MHTP (high need) have recidivism rates that are significantly below those who did not complete the program for both re-arrest and re-incarceration, with the greatest percentile reduction in re-incarceration. In general, youth completing the MHTP program demonstrated a reduction in risk by 38% for Rearrest for a Felony or Misdemeanor and 89% for Re-incarceration when compared to those who did not. Data for the medium need group was based on a small number of youth and should be interpreted with caution.

The re-arrest rate for violent offenses and the reincarceration rate was decreased in each of the conditions specified in table 2 with the exception of those who entered but did not complete the high intensity program. The R-PACT scores related to reduction in risk or enhancement in protective factors for aggressive behavior contradict the actual data seen here and further analysis, combined with a larger sample size will be required before conclusions can be drawn

Mental Health							
With Statistical Controls		Re-arrest		Re-arrest for Violent Offense		Re-incarceration	
Entered High Need Program but Did Not Complete		1.5%	ns	1.7%	ns	28.0%	ns
Completed High Need Program		--38.5%	.10	-43.4%	ns	-88.8%	.05
Entered Medium Need Program but Did Not Completed		35.3%	.10	-51.6%	ns	-3.2%	ns
Completed Medium Need Program		-38.1%	.10	-56.6%	ns	-50.3%	ns

“Before I came to Corsicana, all I ever knew was to harm myself and assault my mother when things at home were not going right, but now, I am able to talk it out with my mom, therapist, and do other things without harming myself or others.”

- Youth B.C.

SEXUAL BEHAVIOR TREATMENT PROGRAM

Data indicate that 86% of the youth released during FY 2010 with an assessed need for sexual behavior treatment received the service. It should be noted that TYC changed its policy in September 2009 related to completion of specialized treatment. Prior to that policy change, youth identified with moderate treatment needs were not required to complete specialized treatment programs. Thus some youth released during FY 2010 may have had an identified need for sexual behavior treatment, but were not required to participate in treatment. It is the current expectation that youth assessed with a need for sexual behavior treatment services will receive the service.

Sexual Behavior Treatment Profile: Youth K.B.

K.B. was committed to TYC for aggravated sexual assault in 2009. In addition to needing treatment for his sexual offense, K.B. was also diagnosed with depressive disorder and attention deficit hyperactivity disorder. He was placed in a dorm-based Sexual Behavior Treatment Program at the McLennan County State Juvenile Correctional Facility Unit II. For eight months, K.B. was actively involved and willing to



accept help in this specialized treatment program. He was remorseful for his actions and worked with the campus chaplain on victim issues. He made substantial progress in learning concepts and developing strategies to prevent him from reoffending. He understood the notion of cognitive distortions, his risk and protective factors, and potential triggers to reoffending. He demonstrated an internal motivation for change. In addition to this treatment, K.B. successfully completed the supplemental Anger Management Group and received psychiatric services for his mental health disorders.

Fully committed to his rehabilitation, K.B. moved through the CoNEXTions[®] rehabilitation program by completing his Autobiography, Offense Cycle, Community Reintegration Plan, Making It Happen Plan, and Relapse Prevention Plan. Through CoNEXTions[®], K.B. also learned the skills to facilitate appropriate relationships with others, follow boundaries in line with societal standards, and how to accept help from others.

Also, K.B. participated in volunteer-led services such as Boy Scouts and Epiphany services, which provided additional positive peer experiences and support.

Current Status:

K.B. transferred to parole on YES Active stage—the highest stage a youth can earn in the CoNEXTions[®] program. Since his release into the community, K.B. has been involved with positive leisure skills groups, participated in a victim impact panel, and has become active with his church. K.B. is also participating in sex offender aftercare services.



The table below describes the percent changes for risk and protective factors for youth completing the SBTP and in the total TYC population on those domains which conceptually would be most likely to be affected by Sexual Behavior Treatment. The scores represent the average change between the initial and last assessment on the R-PACT. The first column is for TYC youth in general and the second for youth in the SBTP. The overall result is that every risk and protective factor in the table below moved in the desired direction when compared with the youth's baseline. Youth demonstrated positive changes in the areas of developing control over attention to tasks, emotions, and behavior. Youth developed skills to increase self-regulation and self-monitoring which reduces their risk to re-offend by interrupting a potentially deviant behavior cycle before an offense occurs.

Youth with SBTP treatment needs benefit from improvement in functioning in many of the areas below, since many offend when they are angry, feel incompetent, have no or poor social relationships, or believe in a sense of entitlement related to sex with family members, strangers or acquaintances. Programming that assists youth to develop positive pro-social relationships and responses to the world around them, creates community safety. Data indicate that programming for youth with sexual behavior problems is targeting the desired treatment needs and is reducing risk.

Select R-PACT Risk and Protective Factors	Total TYC Population	Completed High Need SBTP
Current Skills		
Protective	36%	31%
Risk	-40%	-28%
Skills for Appropriately Dealing with Difficult Situations		
Protective	26%	14%
Risk	-31%	-29%
Skills for Appropriately Dealing with Feelings/Emotions		
Protective	21%	6%
Risk	-29%	-16%
Skills for Appropriately Dealing with Others		
Protective	17%	9%
Risk	-29%	-26%
Techniques in Controlling Impulsive Behaviors Leading to Trouble		
Protective	25%	15%
Risk	-33%	-35%
Current Parent/Caretaker Relationships		
Protective	27%	28%
Risk	-2%	-4%
Current Use of Structured/Unstructured Recreation/Leisure Time		
Protective	35%	43%
Risk	-46%	-45%
Program Supervised Tasks		
Protective	35%	29%
Risk	5%	-7%

JSOAP II

The Juvenile Sex Offender Assessment Protocol II (JSOAP II) is an instrument used in the assessment and treatment of adolescents with sexual behavior problems. The instrument contains four scales and evaluates both static and dynamic factors related to sexual offending. Scale 3 reports the dynamic impact of treatment on risk in the following areas: accepting responsibility for offense(s); internal motivation for change; understanding of personal risk factors and implementing risk management strategies; development of empathy; demonstrates remorse and guilt; decreased use of cognitive distortions; and improved quality of peer relationships. Dynamic risk data was evaluated on youth completing the High Need Sexual Behavior Treatment Program who had two or more JSOAP assessments. The table below shows the SBTP is having a positive effect on youth by changing core risks related to sexual offending.

JSOAP II			
		Score	
Dynamic Risk Factor Score Initial		64.2%	
Dynamic Risk Factor Score Last		44.1%	
Change		20.1%	p=<.0001

The measurement of reductions in recidivism for youth in the SBTP was initially calculated by comparing youth who had a high or medium need who entered a high or medium treatment program versus those with such a need who entered neither program. Statistical controls were applied for the likelihood of recidivism based on their characteristics on known recidivism factors, whether they entered another high or medium specialized treatment program, and whether they entered TYC during the time of CoNEXTions. The results showed that after controlling for known differences between them, youth entering a SBTP program, whether they completed it or not, were 33.8% less likely to be rearrested for a felony or misdemeanor at any given period of time after release. A result of this magnitude could only occur 10 times in a hundred by chance if there was no relationship between entering SBTP treatment and rearrest. Differences on rearrest for a violent offense and on re-incarceration were not statistically significant.

Rearrest for a Felony or Misdemeanor		
Entered Treatment	-33.8%	Sign. 0.10
Rearrest for a Violent Offense		
Entered Treatment	-27.1%	ns
Reincarceration		
Entered Treatment	38.3%	ns



The data was then broken down to differentiate between youth completing high need programs, completing medium needs programs, entering but not completing high needs programs, and entering but not completing medium needs programs. These were compared with youth with a high or moderate need who did not enter a high or medium need mental health program, statistically controlling for the characteristics of the youth that are related to recidivism.

Data show that completing an SBTP program in TYC protects communities. Both the JSOAP and R-PACT data support this finding. Youth successfully completing the High Need SBTP are 49.9% less likely to be rearrested than youth who did not enter high intensity SBTP, a result of this magnitude for the former would have occurred 5 times in 100 by chance.

Those youth who completed the Medium Need SBTP program were 79.8% less likely to be arrested than youth who had a treatment need and did not enter the program, which could have occurred by chance only 5 times in 100.

Sexual Behavior							
With Statistical Controls	Rearrest		Rearrest for Violent Offense			Re-incarceration	
Entered High Need Program but Did Not Complete	-13.9%	ns	-11.8%	ns		78.1%	ns
Completed High Need Program	-49.9%	0.05	-47.3%	ns		-27.3%	ns
Entered Medium Need Program but Did Not Complete	24.2%	ns	281.0%	ns		69.2%	ns
Completed Medium Need Program	-79.8%	0.05	-100.0%	ns		-100.0%	ns

“Having the goal of going home made me want to work harder. I focused on the program, and my case managers really helped me. They were always positive.”

—Youth K.B.

CAPITAL AND SERIOUS VIOLENT OFFENDER TREATMENT PROGRAM (C&SVOTP)

Data indicate that 58% of the youth released during FY 2010 with an assessed need for high or moderate intensity C&SVOTP received the service. As the program expands, the expectation is that youth assessed with a need for C&SVOTP services will receive either the high or moderate intensity service prior to release.

Serious Violent Offender Profile: Youth E.D.

E.D. was committed to TYC for aggravated robbery. He was heavily involved in a gang. He and three older co-actors blocked a car in the parking lot of a convenience store, approached the driver with a rifle, and demanded the car. Prior to this, E.D. had six prior referrals to the juvenile justice system including behavior resulting in school expulsion, unauthorized use of a vehicle, truancy, and unlawfully carrying weapons.



E.D. was born to a teen mother who had a series of relationships with violent men. E.D.'s father achieved a 10th grade education and had an extensive criminal history including serving 13 years in adult prison for aggravated robbery, possession of cocaine, and attempted murder. DC first met his father while he was in prison.

E.D. was admitted into the Capital & Serious Violent Offender Treatment Program in early 2009. Initially, he was reserved, but he always contributed appropriately. Once in the group room, he shared his life's unmet needs, fears, hurts, and disappointments. He also shared his feelings about safety, acceptance, love, respect, and the security he had found in his gang. In listening and absorbing what was shared in the program, E.D. began to believe he could have dreams outside of the gang lifestyle.

When E.D. arrived at Giddings State School, he had no high school credits. By the time he left Giddings State School in April 2010, he was a high school junior. He also participated in the campus speaker's bureau and victim impact panel, sharing the changes he experienced as a result of his treatment, especially in his sense of victim empathy. E.D. worked in the recreation department at Giddings for seven months, earning 75 cents per hour. He saved his money and paid the court-ordered \$1,800 victim restitution before he left Giddings.

Current Status:

E.D. was successfully paroled to the community. His parole officer reports he is doing very well and has had no parole violations. He attends AA meetings, weekly Project Rio classes, and church. He complies with all of his parole requirements and remains drug-free and committed to his new life away from his former gang.



The following table describes percent changes for risk and protective factors for youth completing the C&SVOTP and for the total TYC population. Data from R-PACT domain evaluation support the overall desired outcomes and reflects a demonstrated change in a positive direction by an increase in protective factors and a reduction in risk factors. Those areas chosen for review are related to primary issues in treatment. The data reflects that participation in the C&SVOTP has a positive effect on youth.

Select R-PACT Risk and Protective Factors	Total TYC Population	C&SVOTP Completers
Techniques in Controlling Aggression		
Protective	21%	12%
Risk	-35%	-30%
Current Skills		
Protective	36%	21%
Risk	-40%	-34%
Skills for Appropriately Dealing with Difficult Situations		
Protective	26%	20%
Risk	-31%	-32%
Skills for Appropriately Dealing with Feelings/Emotions		
Protective	21%	13%
Risk	-29%	-22%
Skills for Appropriately Dealing with Others		
Protective	17%	10%
Risk	-29%	-21%
Techniques in Controlling Impulsive Behaviors Leading to Trouble		
Protective	25%	16%
Risk	-33%	-32%
Current Aggression		
Protective	59%	42%
Risk	-18%	-20%
Current Parent/Caretaker Relationships		
Protective	27%	35%
Risk	-2%	-9%

The measurement of reductions in recidivism for youth in the C&SVOTP was initially calculated by comparing youth who had a high or medium need who entered a high or medium treatment program versus those with such a need who entered neither program. Statistical controls were applied for the likelihood of recidivism based on their characteristics on known recidivism factors, whether they entered another high or medium specialized treatment program, and whether they entered TYC during the time of CoNEXTions. The results showed that youth entering a C&SVOTP program, regardless of completion were 65.7% less likely to be rearrested for a felony or misdemeanor after controlling for known differences between the youth. A

result of this magnitude could only occur 10 times in a hundred by chance if there were no relationship between entering C&SVOTP treatment and rearrest. Differences on rearrest for a violent offense and on re-incarceration were not statistically significant, though both were in the direction of lower recidivism for youth in the C&SVOTP program. No youth entering C&SVOTP were re-incarcerated, thus the 100% reduction, but this was not statistically significant because so few C&SVOTP youth not entering the program were re-incarcerated.

Rearrest for a Felony or Misdemeanor		
Entered Treatment	-65.7%	Sign. 0.10
Rearrested for a Violent Offense (Lower the Hazard the Better)		
Entered Treatment	-18.8%	ns
Reincarcerated		
Entered Treatment	-100.0%	ns

The data show that youth completing the C&SVOTP were 73.6% less likely to be re-arrested after release than youth who did not enter the program, a result which could have occurred only 10 times in 100 by chance.. There were too few youth in the moderate treatment program for the results to be meaningful.

Capital and Serious Violent						
With Statistical Controls	Rearrest		Rearrest for Violent Offense		Re-incarceration	
Entered High Need Program but Did Not Complete	16.4	ns	109.0%	ns	-100.0%	ns
Completed High Need Program	-73.6%	.10	-32.8%	ns	-100.0%	ns
Entered Moderate Need Program but Did Not Complete	-100.0%	ns	-100.0%	ns	-100.0%	ns
Completed Moderate Need Program	-100.0%	ns	-100.0%	ns	-100.0%	ns

“TYC taught me to self-control and patience. The most important thing I learned in group was empathy for others... that my actions affect everyone, even people I don’t know.”

—Youth E.D.



ALCOHOL OR OTHER DRUG PROGRAM

During FY 2010, TYC implemented evidence-based programming for Alcohol and Other Drug (AOD) treatment. Table 1 describes the percent changes for selected risk and protective factors for youth that participated in Alcohol or Other Drug programming. Selected domains were chosen based on their expected relationship to relapse. The data indicate that 65% of youth released during FY 2010 with an assessed need for high or moderate intensity AOD treatment received services.

Chemically Dependent Profile: Youth K.I.

K.I. was committed to TYC for arson in 2009. Prior to his commitment, he had a total of 19 referrals and 3 adjudications to the juvenile system. From the age of 10, K.I.'s history of behavioral problems included burglary, criminal mischief, running away, truancy violations, disorderly conduct, and drinking alcohol. K.I. grew up in a home where drugs were present. Child Protective Services had been involved with his family for 11 years. K.I. used marijuana and alcohol daily in spite of interventions by his probation officer which included Alcoholics Anonymous (AA) and placement in a residential treatment program. His continued use and out-of-control behavior ultimately led to his commitment to TYC.



When K.I. entered TYC, he was referred to the Alcohol and Other Drug (AOD) unit at Gainesville State School. There, K.I. completed the Pathways Treatment modules--a cognitive behavioral intervention--that he integrated into his 12-step program. In individual sessions, K.I. addressed the childhood he never had, focusing on his criminal activity and the need to grow up faster than others.

While in TYC, K.I. earned a high school diploma and completed 6 hours of college through online classes in English and statistics. In addition, he developed workforce skills by completing Project RIO-Y and earned a ServSafe industry certification. Near the end of his program, he completed independent living classes to prepare him for re-entry into the community. He transitioned to a halfway house where he received additional chemical dependency treatment and continued support from a 12-step program. Soon, K.I. was able to transition to parole and successfully reenter the community.

Current Status:

K.I. is doing very well on parole. Connected to a local church and AA group, he has a firm foundation of support. He works part-time as a construction worker, a job he obtained through his church. However, K.I. has set a goal of going to college and obtaining a full-time job. In the meantime, he lives with his aunt who encourages him toward his goal.

The R-PACT data are presented as interim measures of treatment effectiveness and suggest that youth are progressing by increasing their protective factors and decreasing risk factors. There were particularly high Increases in protective factors in the areas related to Current Alcohol or Other Drugs, Skills for Dealing Appropriately with Feelings/Emotions, techniques in Controlling Impulsive Behaviors Leading to Trouble and Current Use of Structured/Unstructured Recreation/Leisure time. These trends are consistent with national findings for AOD treatment.

National literature review supports that this is one of the most difficult populations to treat. Youth do relapse, and when they do the chances they will engage in risky behaviors increase. For TYC's AOD population, risky behavior can translate to additional offenses. The literature states youth who successfully completed a high need AOD treatment program were shown to have the highest positive changes in increasing Alcohol and Drug Protective Factors. "Recent studies indicate that approximately 42% of adolescents who complete inpatient treatment for chemical dependence maintain total abstinence from alcohol or other drugs during the year following treatment" (T. Gorski). TYC R-PACT data is consistent with these national projections. Unfortunately, a relapse episode is not uncommon for patients during the early parts of sobriety and recovery. "Of those adolescents who relapse (58% of all adolescents treated), approximately 40% (23% of all adolescents treated) have short-term and low consequence relapses and rapidly return to sobriety. The other 60% (34% of the population) have long-term, high consequence relapses" (T. Gorski).

Selected R-PACT Risk and Protective Factors	Total TYC Population	AODTP Population
Current Alcohol and Other Drugs		
Protective	36%	56%
Risk	-19%	-13%
Current Relationships While in Program		
Protective	27%	20%
Risk	-2%	-19%
Skills for Appropriately Dealing with Difficult Situations		
Protective	26%	23%
Risk	-31%	-30%
Skills for Appropriately Dealing with Feelings/Emotions		
Protective	21%	28%
Risk	-29%	-30%
Skills for Appropriately Dealing with Others		
Protective	17%	23%
Risk	-29%	-30%
Techniques in Controlling Impulsive Behaviors Leading to Trouble		
Protective	25%	31%
Risk	-33%	-32%



Current Parent/Caretaker Relationships		
Protective	27%	27%
Risk	*2%	0%
Current Use of Structured/Unstructured Recreation/Leisure Time		
Protective	35%	42%
Risk	-46%	-33%

In May 2010, TYC began using a comprehensive AOD assessment, the Adolescent Self Assessment Profile II (ASAP II). Identified youth are given the ASAP II upon admission to TYC, again within six months after entering an AOD program, and upon completion. Retesting youth during the last phase of treatment, or upon completion of the program, allows for an assessment to determine the effectiveness and impact of the curriculum and programming.

The *Center of Addictions Research and Evaluation* provided the AOD program with an analysis and a brief summary of data from the pre and post ASAP II. Since automation, the number of youth given both the pre and post ASAP II assessments has been small. The self report results show improved relationships with treatment providers, which indicates greater engagement in the treatment process which endorses less favorable attitudes towards the use of drugs and alcohol. The ASAP II data further demonstrate that youth have developed rapport and working relationships with program staff, a positive indicator for treatment prognosis.

Recidivism Results

The measurement of reductions in recidivism for youth in the AOD program were initially calculated by comparing youth who had a high or medium need who entered a high or medium treatment program versus those with such a need who entered neither program. None of the differences were statistically significant. It must be noted, however, that prior to September 2009, for youth with similar AOD needs, youth with a higher TYC Violent Offender Risk score were given priority to enter over those with a lower score under the theory that it is most important to provide high intensity treatment to the most dangerous youth.

Re-arrested for a Felony or Misdemeanor		
Entered Treatment	-9.5%	ns
Re-arrested for a Violent Offense		
Entered Treatment	9.9%	ns
Reincarcerated for Any Reason		
Entered Treatment	18.3%	ns

The data obtained from the chart below indicates that while youth who entered and completed high need treatment have no significant differences from those that do not enter treatment, two of the three measures are in the desired direction. One significant finding, likely an abnormality due to chance, is that youth who complete a moderate program are more likely to be re-arrested for a violent offense. The probability of this result occurring is one in ten. This finding will be monitored closely and further analysis will be conducted. The other five measures of youth completing, or even entering the medium needs program, are in the desired direction.

Alcohol and Other Drug Treatment									
With Statistical Controls		Re-arrest			Re-arrest for Violent Offense			Re-incarceration	
Entered High Need Program but Did Not Complete		0.4%	ns		52.2%	ns		48.6%	.10
Completed High Need Program		-9.3%	ns		-17.3%	ns		13.7%	ns
Entered Moderate Program Need but Did Not Complete		-21.4%	ns		-35.4%	ns		-63.8%	ns
Completed Moderate Need Program		-11.8%	ns		89.1%	.10		-28.5%	ns

“Before, I was always hanging out with a negative crowd—drinking, smoking. Now, I don’t drink. I don’t smoke weed, and I hang out with positive people. Being with positive people is a protective factor for me.”

—Youth K.I.



FEMALE OFFENDER TREATMENT PROGRAM

During FY2010, TYC implemented female-specific, evidence-based programming to include Trauma Focused-Cognitive Behavior Therapy (TF-CBT), Aggression Replacement Training, (ART), trauma services (both individual and group), trauma-informed care, and cognitive behavioral treatment. Girls had access to *Girls Circle* and Girl Scouts.

Female Offender Profile: Youth T.T.

T.T. was committed to TYC for murder. She grew up in a violent home where she endured physical abuse from both parents, particularly her father when he was inebriated. One day, after arguing with her mother about skipping school, she shot her.



Prior to her commitment, T.T. had one referral and adjudication in the juvenile justice system. She also had a history of alcohol and marijuana abuse. While at Ron Jackson State Juvenile Correctional Complex, T.T. successfully completed the Capital Offender Residential Treatment Program. She also attended an offense-specific trauma group, an anger management group, individual counseling, and other treatment programs. Through her work, she demonstrated a reduction in risk factors related to violence.

T.T. also participated in the Pairing Achievement with Services (PAWS) Program. The PAWS program pairs TYC youth with canine partners from local animal shelters. She was one of the top trainers in the first group of youth who participated in PAWS. T.T. trained four dogs, showing patience, self-control, and the ability to take responsibility for herself and her dogs. T.T. also trained a deaf border collie using sign language.

T.T. completed the Project-Rio workforce program and successfully completed lessons in independent living.

T.T. participated in Girls Circle and completed the Friendship Activity Guide. This group is designed to foster self-esteem, help girls maintain authentic connections with peers and adult women in their community, counter trends towards self-doubt, and allow for genuine self-expression through verbal sharing and creative activities.

Current Status:

T.T. is doing very well on parole. She is currently working with an admissions counselor at a four-year university. She intends to pursue a bachelor's degree in psychology beginning in the spring semester.

The following table describes the percent changes for selected risk and protective factors for females and males. These domains were selected because of their sensitivity to change for general reoffending. Data from the R-PACT supports the desired outcomes and reflects a demonstrated change in a positive direction. Females show reduced risks and increased protective factors in all areas. The greatest reductions in risk are in the following areas: controlling aggressive behavior, improving program relations, current skills, dealing with difficult situations, dealing with feelings, and controlling impulsive behaviors. The greatest increase in protective factors are indicated in the following areas: alcohol and other drugs, current skills, dealing with difficult situations, techniques in controlling impulsive behaviors, current academic school status, and attitudes and behavior.

Females in this report represent 10% of the population evaluated. The percentage differences between risk and protective factors are generally greater for females than males. These changes may be documented as greater because females verbalize feelings and emotions more frequently than males. Data indicate the impact of female-focused programming has provided rapid positive assessment results for TYC's female population. The table shows only those domains where there is a statistically significant difference between males and females.

Select R-PACT Risk and Protective Factors	Females	Males
Current Relationships while in Program		
Risk	-29%	-22%
Current Skills		
Protective	50%	35%
Current Aggression		
Protective	95%	55%
Risk	-32%	-16%
Current Parent/Caretaker Relationships		
Risk	-29%	-5%
Current Outside Employment		
Protective	150%	8%
Employment History		
Protective	-25%	1%
Mental Health History		
Risk	17%	-7%

Data for female offenders who entered CoNEXTions[®] in FY 2010 are positive. Females who began treatment programming under the CoNEXTions[®] model who have since been released are less likely to recidivate than youth who participated in the Resocialization or Transitional Treatment programs. Also promising is the indicator that no female offenders who participated in and were released under CoNEXTions[®] have been re-arrested for a violent offense to date.



While the findings are not statistically significant for youth entering the CoNEXTions[®] program, the findings are moving in a positive direction.

Female CoNEXTions [®] Starting Groups Compared to Other Females							
Female Starting Groups Compared to Youth Released During Resocialization or Transitional Treatment Program							
With Statistical Controls	Rearrest		Rearrest for Violent Offense	Sign.		Re-incarceration	Sign.
CoNEXTions	-69.2%	ns	-100.0%	ns		-26.7%	ns

“I really liked the whole educational piece at TYC. I took full advantage of it. I think TYC provides a good foundation for education in preparing you for job readiness and going to college. I earned a ServSafe certification and that helped me get a part-time job at a university. Now, I’m getting ready to go to college in the spring.”

- **Youth T.T.**

EDUCATION PROGRAMMING

Education measures for this report include five agency performance measures, a school attendance measure, and a measure for post-secondary success rates in college courses. Specific measures include the diploma/GED rate for released youth age 16 and older, the percent of released youth reading at a grade level expected for their same-aged peers, the percent of youth whose reading levels increase one month for each month of instruction received, the percent of youth whose math levels increase one month for each month of instruction received, the average daily attendance rate, the number of industrial certifications earned per 100 students enrolled in career technical education courses (excluding orientation and assessment programs), the number of college course enrollments, and the number of college courses passed.

- *Diploma or GED Rate*

In FY 2010, 34.90% percent of youth age 16 or older earned a high school diploma or GED within 90 days of release from a TYC institution. The percentage fell from 40.55% in FY 2009. Given the agency's focus on rebuilding a robust academic program that will support successful re-entry to public schools after release, fewer students tested for the GED. Reduced GED testing is associated with a lower GED achievement rate. Now that a robust framework for educational achievement has been built, TYC can again focus on GED testing and anticipates significant improvements in GED achievement rates during FY 2011.

- *Reading at Grade Level at Release*

In FY 2010, 12.70% percent of youth were reading at grade level at the time of their release. The percentage decreased from 14.41% in FY 2009. Reading grade levels at release are strongly influenced by students' reading levels attained prior to entry to TYC. During FY 2010, the average length of stay for new commitments was 17.1 months, providing a relatively short window during which 192 youth did reach grade level reading ability. While performance decreased during the time the education program was rebuilding, early indicators for 2011 are positive.

- *Math Gain per Month of Instruction*

In FY 2010, 51.88% percent of youth gained at least an average of one month's math skills per month of instruction. The percentage decreased from 54.07% in FY 2009. The scope of extensive education program changes caused scores to decrease initially as teachers learned to implement new systems. Benefits of the newly implemented positive behavior system will be realized in FY 2011 as students and staff learn new skills, build higher performance expectations, and lay a stronger foundation for math achievement.

- *Reading Gain per Month of Instruction*

In FY 2010, 58.39% percent of youth gained at least an average of one month's reading skills per month of instruction. The percentage fell from 59.82% in FY 2009. During FY 2010, TYC implemented a comprehensive reading program designed by and delivered in partnership with the Meadows Foundation through the University of Texas. Early indicators for FY 2011 are positive. October 2011 data indicates average reading gains of 1.72 months for each



month of instruction. Full benefits of the new Reading program and the newly implemented positive behavioral interventions and supports system will be realized in FY 2011.

- *Average Daily Attendance Rate*

In FY 2010, 98.7% percent of enrolled youth attended school daily, using protocols approved by the Texas Education Agency for student attendance accounting. The percentage rose from 98.4% in FY 2009, and reflects efforts to help students remain in classrooms successfully.

- *Industrial Certification Rate*

TYC schools issued 578 industrial certifications in FY2010 with 2107 youth enrolled in career technology courses, for a rate of 27.43 percent. This compares to 581 certifications issued in FY 2009 with 3261 youth enrolled, for a rate of 17.82 percent. FY 2010 represented a 9.61% gain in the industrial certification rate over FY 2009.

- *College Course Enrollments and Course Completions (Passed)*

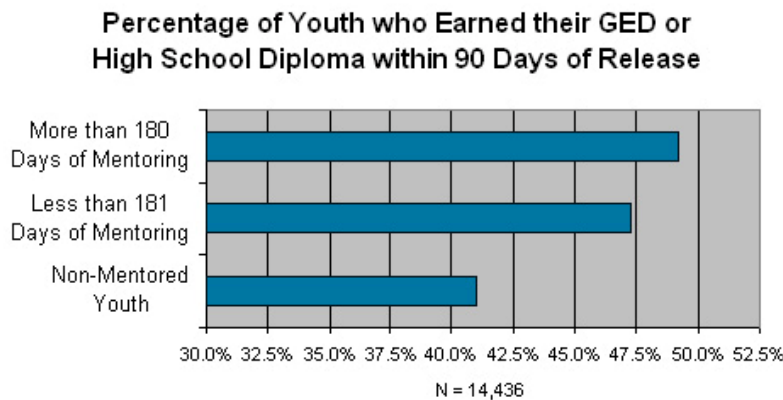
Fall 2009 College Course Enrollments – 30; Course Completions (Passed) – 28
Spring 2010 College Course Enrollments – 72; Course Completions (Passed) – 56
Summer 2010 College Course Enrollments – 32; Course Completions (Passed) - 31

Preliminary indications suggest youth who complete college classes have a lower recidivism rate and higher probability of enrollment in college classes after release. However, the number of students enrolled in college classes during FY 2010 and subsequently released is relatively small. Future research will confirm whether the preliminary indications hold.

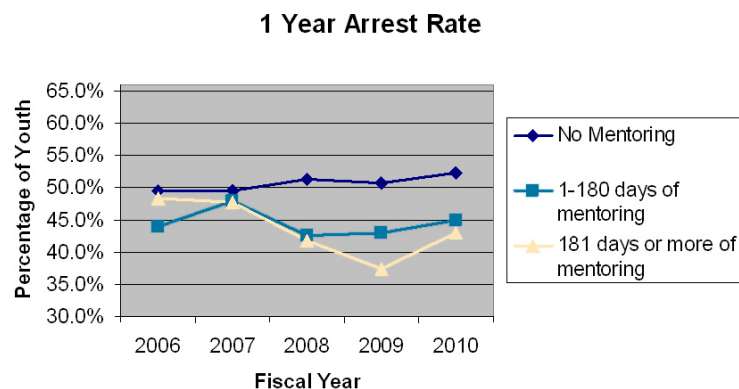
On average, youth exhibited significant increases in protective factors and reductions in risk factors associated with school and employability over the reporting period. On the domain related to Current Academic School Status, student protective factors increased 11% on average; risk factors associated with the domain decreased 6%. On the domain related to Current Vocational Training Status, student protective factors increased 5% on average; risk factors associated with the domain remained unchanged. On the domain related to employability, student protective factors increased 7% on average; risk factors associated with the domain decreased 7%. One domain, Current Outside Employment, showed an average 1% increased risk factor; changes in protective factors with that domain were statistically insignificant.

VOLUNTEER SERVICES

Volunteer services and the mentoring program have shown to be highly effective in assisting youth with overall success. Youth who were mentored while in TYC were more likely to be reading at grade level upon their release than were non-mentored youth. Only 17.4% of the non-mentored youth released from TYC were reading at grade level, compared to 20.7% of the youth who were mentored for six months or more. Only 41% of non-mentored youth obtain their GED or high school diploma within 90 days of release from a secure facility. This is compared to 49.2% of youth who were mentored for six months or more and 47.3% of youth who were mentored for less than six months.



In FY 2010, 52.3% of the non-mentored youth were re-arrested within 1 year of release, while only 43% of the youth who were mentored for six months or more were re-arrested, and 45% of the youth who were mentored less than six months.



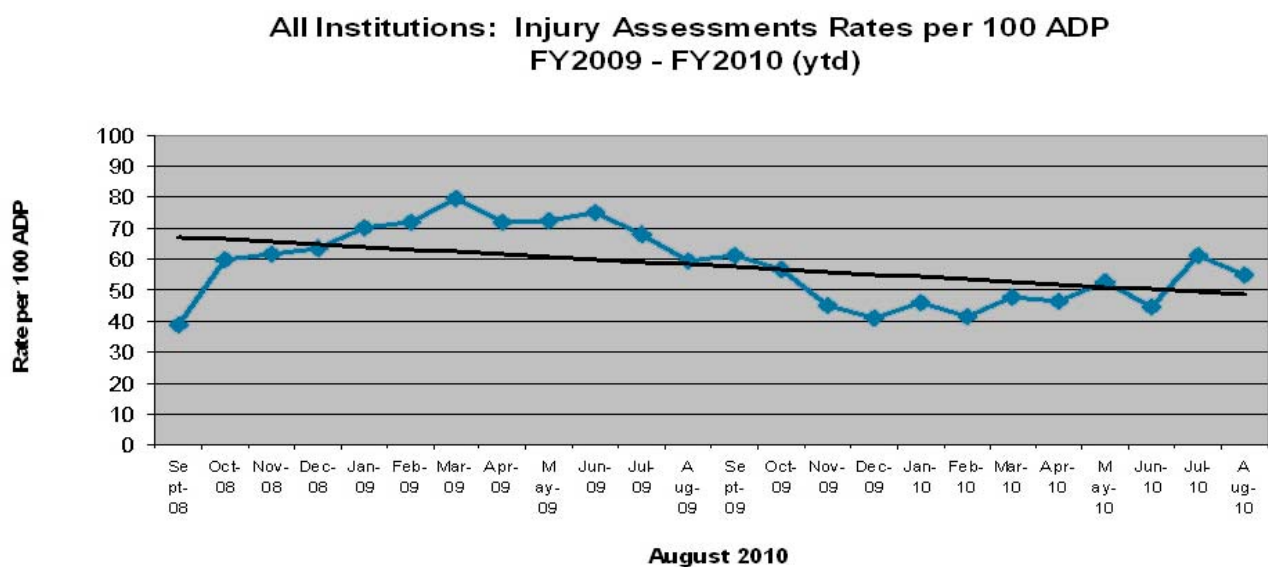
Overall, 44.2% of the non-mentored youth were reincarcerated within three years, while only 34.9% of the youth who were mentored for 181 days or more were reincarcerated. In FY 2010, there was a six-point span between the non-mentored youth (40.0%) and those who were mentored for 181 days or more.



MEDICAL SERVICES

During FY 2010 some of the more significant initiatives introduced were: focus on the reduction of youth and staff injuries, reduction in poly-pharmacy use for diagnoses, family involvement via parent contact, and enhancement of mental health services via the use of electronic medical record access.

A significant emphasis on a youth injury reduction program has resulted in a marked decline in injuries to youth. The following graphic representation of the effects of this emphasis is noted below. Although this is an area that still requires ongoing attention, the results of the review are generally positive.



Another area of significant achievement was in the reduction of poly-pharmacy treatment of mental health issues with youth. A committee was formed to evaluate commonly prescribed medications for youth. This committee created a process to develop a formulary compliant with FDA standards and consistent with national guidelines for the treatment of adolescent youth. This endeavor resulted in a reduction in the use of a specific antipsychotic medication for use in treating other non-specific symptoms, resulting in safer medication practices and increased cost efficiency.

On an average, 300 letters were generated to educate and explain to families issues related to various psychotropic medications. This helps them to understand the benefits and potential risks of medication prescribed for the youth.

Through the use of electronic medical records (i.e., access by psychiatry and psychology, and incorporation of psychology and psychiatry documentation), all mental health services provided to youth in TYC facilities were integrated. This allows for the effective use of measurement tools between psychiatry and medical services.

RE-ENTRY

Since 2007, TYC has increased the use of non-secure residential transition placements. The research shows that youth placed at any time in a non-secure residential placement prior to parole or discharge, even if returned to a secure facility prior to eventual release, were at lower risk for recidivism than youth never placed in a non-secure residential placement prior to release or discharge, though not all were statistically significant.

More specifically, youth that participated in CoNEXTions[®] from entry to release and transitioned through a non-secure residential placement compared to youth never placed in a non-secure residential placement were:

- 9.4% less likely to be re-arrested for any offense
- 69.2% less likely to be re-arrested for a violent offense
- 46.4% less likely to be reincarcerated

Transitioned Youth Compared to Youth Not Transitioned						
	<u>Re-arrest</u>	<u>Sign.</u>	<u>Re-arrest for Violent Offense</u>	<u>Sign.</u>	<u>Reincarceration</u>	<u>Sign.</u>
TRANSITIONAL PROGRAM	-5.3%	ns	-33.7%	0.01	-29.4%	0.005
CoNEXTions [®]	-9.4%	ns	-69.2%	0.05	-46.4%	ns



SUMMARY AND CONCLUSION

The treatment effectiveness report for FY 2010 represents a departure in content from prior reports to the Legislature. While traditional elements of the report such as recidivism data are retained, additional data is included on other programs within the CoNEXTions[®] strategy. TYC believes that each youth committed to its care requires individualized attention and intervention for a broad spectrum of needs. Successful youth outcomes depend not only on participation in specialized treatment programming, but also on a youth's educational and vocational achievements, good health, pro-social life skills, relationships with family and significant others, thoughtful transition planning, and continued involvement with programs and services once released to the community. Intermediate treatment effectiveness measures are included for the first time. These new measures serve as a means to evaluate the effectiveness of newly implemented programs when recidivism data is not available or is inconclusive.

The content of major treatment, rehabilitation and other programs within TYC is described, and the results of a process evaluation are presented. The process evaluation identifies trends, strengths, and weaknesses in the implementation process of the CoNEXTions[®] strategy. Overall results support positive movement in the development of these programs and suggest specific areas to target for improvement in the next year.

The R-PACT risk assessment instrument has been used as a measure of interim change in youth. In general, dynamic risk scores have shown a decrease over time in the general and specialized treatment populations, and protective factors have improved with participation in treatment. The sexual behavior and alcohol and other drug treatment programs have implemented intermediate measurements specific to risks in those areas, and improvement is seen over the course of treatment.

Recidivism measures include a review of re-arrest, re-arrest for violent offense, and reincarceration. Data were calculated for three different periods of time: the pre-reform period (before March 2007), reform period (March 2007 – Feb 2009), and the CoNEXTions[®] period (Feb 2009 and after). A division in time periods allows for comparisons of youth who were treated under the former system (Resocialization), the system under development during TYC reform (Transitional Treatment Program), and those treated in the new system (CoNEXTions[®]). It is important to discriminate between the cohorts because the treatment programming in place under the three models varies significantly. Results on the three recidivism measures were mixed but tended to support:

- Those in the CoNEXTions[®] group did better than the reform group on every general measure of recidivism noted, although the differences were not statistically significant due to small sample sizes.
- The reform group did much worse than either the pre-reform or CoNEXTions[®] group on each of the three indices.

- The CoNEXTions[®] group is doing as well in recidivism numbers as the pre-reform group even though CoNEXTions[®] has yet to achieve full compliance with the program model, and despite significant changes in the population characteristics of youth committed to TYC.

In terms of specialized treatment recidivism, the trends suggest that those who successfully complete a specialized program will have lower recidivism rates than those who do not complete or do not participate in the program. The data support the premise that successful completion of the program reduces risk across the board. These results are positive, but there is a clear need to address the issue of non-completers in the programs. Further analysis is needed to investigate the differences between youth who successfully complete general rehabilitation and specialized treatment programs and those who do not.

Education achievement during FY 2010 occurred within the context of a major restructuring of education processes and services. Educational program changes included extension of the school day to 420 instructional minutes, introduction of a specialized reading program, and introduction of a Positive Behavioral Interventions and Support (PBIS) system. Achievements in the vocational education program included the award of 578 industrial certifications, which is an increase of certification rate 9.61% over FY 2009. A partnership with Navarro College was developed to significantly enhance post-secondary educational opportunities for students. In FY 2010, 134 college courses were begun by TYC students, resulting in 115 course completions, with an 85.8 percent passing rate. R-PACT domains associated with Current Academic School Status, Current Vocational Training Status, and Employability significantly increased protective factors and significantly decreased risk factors.

Outcome measures evaluated by the medical department indicated an increase in the provision of medical services and appointments during the year despite the reduction in the number of youth committed. A focus on establishing effective utilization review and other quality improvement processes has resulted in reduction in staff and youth injuries. A review of the best practices for prescribing psychotropic medication was undertaken and changes were implemented. Enhanced family contact and services were established. Work on the integration of psychological and psychiatric records was a major area of focus during FY 2010 and significant progress was made.

Re-entry planning as a formal process was implemented during FY 2010 with the focus placed on improving continuity of care for youth moving from high restriction settings to those of lesser restriction. The re-entry recidivism data were developed to compare youth who were released to parole against those transitioned to a halfway house with the supposition that the transition placement would help make a more successful return. Data for re-arrest, re-arrest for a violent offense, and reincarceration were all positive, although not all were statistically significant. Statistically significant results were shown for a reduction in the re-arrest for any violent offense for those youth who were treated under the CoNEXTions[®] strategy and placed into a halfway house before parole.



One of the new opportunities in 2010 was the ability to determine which changes in R-PACT dynamic risk and protective factors are associated with actual reduction in recidivism. An advantage to using intermediate measures is the ability to obtain an indication of how a youth is progressing towards reducing his/her risk to re-offend before they are released and faced with real world challenges. The R-PACT domains associated with reductions in re-arrests, re-arrests for violent offenses, or reincarceration were reviewed. Specific reductions in the type of recidivism measured were associated with different domains on the R-PACT.

The positive effects of the CoNEXTions[®] program components were reviewed and discussed. It is expected that as the programs mature, staff become more experienced in service delivery , emphasis on re-entry service planning improves, and identification of more effective interventions for risks are identified, they will contribute to significant reductions in recidivism.

APPENDIX A

RE-ARREST FOR FELONY OR MISDEMEANOR				
	PROTECTIVE		RISK	
	Change of Recidivism per Unit Change of Factor	Sign.	Change of Recidivism per Unit Change of Factor	Sign.
TECHNIQUE FOR HANDLING AGGRESSION	-7%	0.01	7%	0.05
CURRENT ALCOHOL AND OTHER DRUG	-8%	ns	11%	0.10
CURRENT ATTITUDES AND BEHAVIOR	-3%	0.05	1%	Ns
CURRENT ACADEMIC SCHOOL STATUS	-3%	ns	4%	Ns
CURRENT CARETAKER RELATIONS	-11%	0.001	7%	Ns
CURRENT USE OF FREE TIME	-3%	ns	-1%	Ns
CURRENT OUTSIDE EMPLOYMENT	-5%	ns	-9%	Ns
CURRENT PROGRAM RELATIONS	-3%	ns	6%	Ns
CURRENT VOCATIONAL TRAINING STATUS	-4%	ns	7%	Ns
EMPLOYABILITY	-3%	ns	8%	Ns
EMPLOYMENT HISTORY	-12%	ns	-19%	Ns
MENTAL HEALTH HISTORY	2%	ns	0%	Ns
PROGRESS IN SUPERVISED TASKS	-9%	0.10	9%	Ns
CURRENT SKILLS	-2%	ns	-1%	Ns
SKILLS IN DEALING W DIFFICULT SITUATIONS	-1%	ns	-1%	Ns
SKILLS IN DEALING IN FEELINGS/EMOTIONS	-3%	ns	0%	Ns
SKILLS IN DEALING WITH	-1%	ns	0%	Ns



OTHERS				
TECHNIQUES IN CONTROLLING AGGRESSIVE BEHAVIOR	-3%	ns	0%	Ns
TECHNIQUES IN CONTROLLING IMPULSIVE BEHAVIOR	-4%	ns	0%	Ns

RE-ARREST FOR VIOLENT OFFENSE				
	PROTECTIVE		RISK	
	Change of Recidivism per Unit Change of Factor	Sign.	Change of Recidivism per Unit Change of Factor	Sign.
TECHNIQUE FOR HANDLING AGGRESSION	-4%	ns	10%	Ns
CURRENT ALCOHOL AND OTHER DRUG	-19%	ns	18%	Ns
CURRENT ATTITUDES AND BEHAVIOR	-3%	ns	2%	ns
CURRENT ACADEMIC SCHOOL STATUS	-6%	ns	8%	Ns
CURRENT CARETAKER RELATIONS	-16%	0.05	38%	0.005
CURRENT USE OF FREE TIME	-29%	0.05	0.069	Ns
CURRENT OUTSIDE EMPLOYMENT	-9%	ns	-67%	Ns
CURRENT PROGRAM RELATIONS	-8%	ns	5%	Ns
CURRENT VOCATIONAL TRAINING STATUS	-6%	ns	18%	0.10
EMPLOYABILITY	-19%	0.05	52%	0.001
EMPLOYMENT HISTORY	4%	ns	-41%	Ns
MENTAL HEALTH HISTORY	7%	ns	-21%	Ns
PROGRESS IN SUPERVISED TASKS	5%	ns	91%	0.10

CURRENT SKILLS	-2%	ns	-21%	Ns
SKILLS IN DEALING W DIFFICULT SITUATIONS	-3%	ns	3%	Ns
SKILLS IN DEALING IN FEELINGS/EMOTIONS	-3%	ns	3%	Ns
SKILLS IN DEALING WITH OTHERS	-4%	ns	4%	Ns
TECHNIQUES IN CONTROLLING AGGRESSIVE BEHAVIOR	-5%	ns	8%	Ns
TECHNIQUES IN CONTROLLING IMPULSIVE BEHAVIOR	-5%	ns	4%	Ns

RE-INCARCERATION				
	PROTECTIVE		RISK	
	Change of Recidivism per Unit Change of Factor	Sign.	Change of Recidivism per Unit Change of Factor	Sign.
TECHNIQUE FOR HANDLING AGGRESSION	-15%	0.01	23%	0.0001
CURRENT ALCOHOL AND OTHER DRUG	-3%	ns	2%	Ns
CURRENT ATTITUDES AND BEHAVIOR	-4%	ns	8%	0.05
CURRENT ACADEMIC SCHOOL STATUS	-13%	0.005	14%	0.05
CURRENT CARETAKER RELATIONS	-24%	0.0001	22%	0.05
CURRENT USE OF FREE TIME	-5%	ns	99.4	0.0001
CURRENT OUTSIDE EMPLOYMENT	2%	ns	-64%	Ns
CURRENT PROGRAM RELATIONS	-10%	ns	29%	0.01
CURRENT VOCATIONAL TRAINING STATUS	-8%	ns	3%	Ns



EMPLOYABILITY	-8%	ns	5%	Ns
EMPLOYMENT HISTORY	0%	ns	-40%	Ns
MENTAL HEALTH HISTORY	-11%	ns	40%	Ns
PROGRESS IN SUPERVISED TASKS	-27%	0.001	-29%	Ns
CURRENT SKILLS	-8%	0.005	10%	0.005
SKILLS IN DEALING W DIFFICULT SITUATIONS	-6%	ns	8%	0.05
SKILLS IN DEALING IN FEELINGS/EMOTIONS	-12%	0.05	17%	0.005
SKILLS IN DEALING WITH OTHERS	-3%	ns	5%	Ns
TECHNIQUES IN CONTROLLING AGGRESSIVE BEHAVIOR	-13%	0.0005	16%	0.0005
TECHNIQUES IN CONTROLLING IMPULSIVE BEHAVIOR	-15%	0.001	14%	0.01

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